Care Quality Commission

Mr Roland Jenkins Beacham & Mrs Janet Beacham

Eastbrook House

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection of Eastbrook House took place on 4 June 2015. This care home provides accommodation and personal care for a maximum of 43 older people, some of whom have dementia. At the time of our inspection 35 people were using the service.

At our last inspection on 29 April 2014 the service was meeting the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe in the home. Relatives of people who used the service told us that they were confident that people were safe in the home. The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse.

We found that some aspects of medicines management were not safe. The service was not following current guidance and regulations about the management of medicines. Some medicines were not stored safely, some medicines records were not up to date, and controlled drugs were not managed safely. This meant that people were not protected against the risks associated with the unsafe storage and recording of medicines.

Summary of findings

Assessments for nutrition, pressure sores, dependency levels and weights were carried out. However we noted that some significant risks noted within care plan were not included in people's risk assessment.

Care staff spoke positively about their experiences working at the home and the support they received from the registered manager and their colleagues. The majority of staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager. However, documentation and staff confirmed that staff had not received appraisals.

We saw people who used the service were treated with kindness and compassion by care staff. People were being treated with respect and dignity and care staff provided prompt assistance but also encouraged and promoted people to build and retain their independent skills.

People received care that was responsive to their needs. Care plans were specific to each person and their needs. We saw that people's care preferences were also reflected. However, aspects of people's care plans were sometimes unclear and inaccurate.

Staff we spoke with did not understand the principles of the Mental Capacity Act (MCA 2005). Further, the MCA was not reflected in people's care plans and people did not have the required safeguards in place so their deprivation of liberty could not be monitored and reviewed.

We found the premises were clean and tidy. The service had an Infection control policy and measures were in place for infection control.

Food looked appetising and the chef was aware of any special diets people required either as a result of a clinical need or a cultural preference. People and relatives spoke positively about the food at the home.

Systems were in place to monitor and improve the quality of the service. However, the system was not fully effective as it failed to identify the issues in respect of medicines, care plans and lack of necessary DoLS (Deprivation of Liberty) applications.

Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and there were no concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe because the service was not managing medicines properly and this was putting people at risk. There were issues with the storage and recording of some medicines.

People who used the service told us that they felt safe in the home. There were safeguarding and whistleblowing policies and procedures in place to protect people.

Cleaning substances were stored in a cupboard that was not locked. We were concerned that this meant that people who used the service may be put at risk.

Is the service effective?

Requires improvement

The service was not always effective. The majority of staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager. However, documentation and staff confirmed that staff had not received appraisals.

The service was not following the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS).

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Relatives spoke well of staff and said staff listened to them. Arrangements were in place to ensure that people's preferences and their likes and dislikes were responded to.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Is the service responsive?

Requires improvement

The service was not always responsive. Aspects of people's care plans were sometimes unclear and inaccurate.

Summary of findings

Assessments for nutrition, pressure sores, dependency levels and weights were carried out. However we noted that some significant risks noted within people's care plans were not included in the risk assessment.

There was a weekly activities programme and people had opportunities to take part in activities they chose.

The home had a complaints procedure and relatives were aware of who to talk to if they had concerns. People and relatives told us that they would not hesitate to speak with the registered manager if they had any queries or concerns. They told us they were confident that the registered manager would respond promptly and appropriately.

Is the service well-led?

Requires improvement

The service was not always well-led. Staff we spoke with and records confirmed that staff meetings occurred, however these were not regular and consistent.

The home had a clear management structure in place with a team of care staff, the registered manager and area manager. Staff were supported by the registered manager and felt able to have open and transparent discussions with him.

The quality of the service was monitored. Regular audits had been carried out by the registered manager. However, quality monitoring system audits were not always effective or robust enough to identify problems within the service.

Eastbrook House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 4 June 2015 of Eastbrook House. The inspection was carried out by three inspectors and a pharmacist inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service and safeguarding information received by us.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed nine care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with nine people who used the service and eight relatives. We also spoke with the registered manager, nine members of staff and two care professionals.

Inadequate

Is the service safe?

Our findings

People we spoke with at Eastbrook House told us that they felt safe in the home and staff treated them well. One person said, "I feel safe." When we asked another person if they felt safe in the home, they responded "Yes" and told us, "I don't feel threatened by staff or the environment."

One relative told us, "It is absolutely safe. It is very very safe." Care professionals we spoke with said that they felt people were safe in the home and did not have concerns about this.

Some aspects of medicines management were not safe. During our inspection we found medicines were not stored safely for the protection of people who used the service. We saw that some medicines were stored in an unlocked wall cupboard in a communal lounge area and in an unlocked treatment room during the morning. There was therefore a risk that medicines could be accessed by unauthorised people and people they were not prescribed for. We found there was a record of the temperatures of the areas where medicines were stored and that these were within acceptable limits for the medicines storage room on the ground floor but no such records were kept of the storage areas on the other floors of the service. We were therefore not assured that medicines were always stored in a way which maintained their quality. The cupboard used to store controlled drugs was not fixed to the wall in the way required by the regulations. Controlled drugs are medicines that the law requires are stored in a special cupboard and their use recorded in a special register.

We found there were not appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at the records for eight of the 35 people who used the service on the day of our inspection. We found a number of problems with these records. We found medicines in stock for people but there was no record of these medicines or of when they were given. We could not account for all medicines used or disposed of, including controlled drugs.

Some people were not given their medicines in line with the prescriber's instructions. For example, an antibiotic prescribed for a seven day course was recorded as given for twelve days. We also found two people had been given medicines during the previous 18 days but no record had been made of this. We also found that where people received their medicine in the form of a skin patch, the site of application was not recorded. The usage instructions included with the medicine were that the same site was not to be used within three to four weeks as this could damage the person's skin if the same site was used repeatedly. Staff we spoke with confirmed that no record was made, and that they were not aware of this special instruction.

We found that one person was given their medicines disguised in food. While we found that there was written documentation that this had been agreed with the person's GP we could not find evidence that this had been discussed with all parties, for example, family and other relevant health professionals that this was considered to be in the person's best interests at all times.

Where people were prescribed medicines on a "when required" basis, for example for pain relief, we found there was insufficient guidance for staff on the circumstances these medicines were to be used. We were therefore not assured that people would be given medicines to meet their needs. In three care plans we looked at we could not find any indication of how people liked to take their medicines.

We observed medicines being given to some people at different times during the day. We saw that this was done with regard to people's personal choice. We heard staff explain to people what they were doing.

We looked at the training records for four staff members who were authorised to handle medicines. We found that these staff had received training and that they had been assessed that they were competent to handle medicines.

The registered manager told us that they carried out monthly checks on the quality and accuracy of medication records and that other checks were completed weekly. We looked at the records of these checks that had been completed within the previous six weeks but these did not identify the issues we found. We were therefore not assured that appropriate arrangements were in place to identify and resolve any medication errors promptly.

The information above is a breach of Regulations 12(2)(g) and 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reported our finding to the registered manager who said immediate action would be taken to improve the safe and proper management of medicines.

Inadequate

Is the service safe?

Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. They said that they would directly report their concerns to the registered manager. Staff were aware that they could report their concerns to the local safeguarding authority and the CQC. We saw evidence that staff had received training in how to safeguard adults and training records confirmed this. Safeguarding and whistleblowing policies and procedures were in place to help protect people and minimise the risks of abuse to people. We also found that the CQC and local authority safeguarding team's contact details were clearly displayed in the home.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building. Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date.

The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. The rotas correctly reflected which staff were on duty at the time of our inspection. We spoke with staff about staffing numbers. They said that generally there were enough staff but sometimes when staff called in sick they were short-staffed. Our observations on the day of our inspection found there were enough staff to meet the needs of the people living in the home. We also observed that staff did not appear rushed on the day of our inspection and were able to spend time interacting and speaking with people who used the service.

There were recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for six members of staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. The home was clean. We noted that some cleaning substances were stored in a cupboard which was not locked. We were concerned that this meant that people who used the service may be put at risk. We raised this with the registered manager who said that the cupboard was usually locked and he would ensure that the door was locked.

Requires improvement

Is the service effective?

Our findings

People told us the care they received was good and they received care and support when needed. When asked about the home, one person told us, "For what it is, it's very satisfactory." Another person told us, "I am very content to be here. I can come and go so for me there is enough to do. It's very pleasant." One relative told us, "I am really happy with the care and the home." Another relative said, "It is a lovely home. I cannot fault it." Care professionals told us they did not have any concerns about staff skills and knowledge at the service.

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at the home. Topics included medicines administration, health and safety, moving and handling, infection control and food safety. The registered manager kept a training matrix to record what training staff had completed. We saw that the majority of staff had completed the necessary training. Where training was still outstanding, the registered manager and area manager confirmed that staff were in the process of completing this.

We looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Staff told us that they received regular supervision and documentation we looked at confirmed this. However staff told us that they had not received appraisals in the last year and the staff records we looked at contained no details of recent appraisals. There was therefore no evidence that staff had an opportunity to review their personal development and progress. We raised this with the registered manager and he confirmed that staff had not received appraisals within the last 18 months and acknowledged that this was an area that they needed to address and would do so.

The majority of staff we spoke with were unaware of the principles of the Mental Capacity Act 2005 (MCA), despite the majority of staff having received MCA training. During the inspection we observed staff asking people for permission before carrying out any required tasks for them. Capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make.

We also found that people were potentially being deprived of their liberties because the home had not made attempts to identify whether any people were being deprived. Where people were unable to leave the home because they would not be safe leaving on their own, the home had not made any attempts to apply for the relevant safeguarding authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that an individual being deprived of their liberty, either through not being allowed to leave the home or by using a key pad which they would not be able to use, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests.

This was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the food provided. One person said, "There is a variety and if you want something different they'll make it'. Another person told us, "I like the food." The arrangements for the provision of meals were satisfactory. We saw that there was a set weekly menu and if people wanted to eat something else this was accommodated for. There were alternatives for people to choose from if they did not want to eat what was on the menu. We spoke with a chef who told us that people's dietary needs were documented and when there were changes to people's nutritional needs, this was updated. We spoke with the chef and registered manager about having people's dietary needs documented on a board in the kitchen so that all staff were able to refer to this.

We saw that there was a record of people who required special diets because of their religious beliefs or medical conditions and the chef was fully aware of this. People's care plans included such information.

During the inspection we observed people having their lunch, which was unhurried. The atmosphere during lunch was relaxed and people appeared to be enjoying their meal. We saw that the food was freshly prepared and looked appetising. We observed staff were respectful and assisted each person who needed help with their meals. People were assisted in a dignified way.

The kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the fridge and saw they were all within their expiry date. However, some food that had been

Requires improvement

Is the service effective?

opened was not appropriately labelled with the date they were opened so as to ensure that food was suitable for consumption. We raised this with the registered manager and he confirmed that in future he would ensure this was carried out.

People's weights were recorded monthly. This enabled the service to monitor people's health and nutritional intake. Where people had a low appetite and were at risk of weight loss, staff completed a record of their food intake so that they could monitor people's nutrition and ensure that they were eating sufficient quantities of food. Where people had a low body mass index, the registered manager confirmed that they were referred to the GP.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Good

Is the service caring?

Our findings

One person told us, “Staff are very nice, all very friendly and helpful.” Another person said, “Staff are nice. They talk to me with respect.” One relative said, “It is absolutely brilliant at the home. It is a nice home. The care is good.” Another relative told us, “I can’t praise staff enough. They have gone the extra mile with [my relative].” Another relative said, “It is absolutely brilliant. It is a nice home.” People and relatives spoke positively about the care and support people received at the home and no concerns were raised.

Relatives we spoke with told us that they felt involved with their relative’s care and that the staff and management contacted them to provide updates on people’s progress. One person said, “Yes, I feel very much involved. I am always kept up to date.” And another told us, “I am kept informed of what is going on. I always feel included.”

Care professionals spoke positively about the care provided in the home. One care professional told us that they had been really impressed with the home and that staff were caring about residents and knew residents well.” Another care professional said that staff were very caring and treated people respectfully.

Staff understood that people’s diversity was important and something that needed to be upheld and valued. Care plans took account of peoples’ diverse needs in terms of their culture, religion and gender to ensure that these needs were respected. This information was clearly detailed in people’s care plan.

We observed interaction between care staff and people living in the home during our visit and saw that people were relaxed around staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted.

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living and daily skills. Care plans set out how people should be supported to promote their independence. Care plans were individualised and reflected people’s wishes. One person we spoke with told us he had been able to input into his care plan. He told us that he had been given a copy and had input into writing it. He said, “I was consulted and I’m happy with what is on there.”

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people’s dignity and privacy in relation to personal care.

During our inspection, we observed interaction between the registered manager and a person who used the service. They were laughing and joking and there was a relaxed atmosphere. It was evident that the registered manager knew the person who used the service well and the person was comfortable talking with the registered manager.

Requires improvement

Is the service responsive?

Our findings

People told us they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, “They do listen.” All people and relatives we spoke with told us that they felt able to raise concerns and issues with management if they needed to. One relative said, “The managers are really nice. Always one of them there. They are approachable. I can contact them.” Care professionals told us that if they had any concerns or queries, they did not hesitate to speak with the registered manager.

Efforts had been made to help people distinguish different areas within the home. For example the decoration of the middle floor was distinctively different from the ground and top floor. Areas were well signposted and people's names, photographs and distinguishing information about them was on many of the doors of people's rooms.

There was a board with very clear information about the day, date, season and weather, which helped people differentiate time. A notice about anyone's birthday was also on board.

We saw that care plans were organised with information separated into sections with a care summary placed near the front of the file. We saw people's needs had been assessed and care plans set out people’s support needs in a sufficient level of detail enabling staff to support people appropriately. For example care plans set out what people could do to themselves in respect of their personal care, their preferences regarding baths or showers, the number of people required to support the person with their personal care and the times they preferred to get up and go to bed. We saw details which helped ensure people’s care was provided appropriately such as how people ate, whether they required puréed food and instructions to staff as to how best to support people with food. However we noted that some important details were not included. For example where a hoist was said to be required, the specific type of hoist to be used was not specified in the files we looked at. We saw that care plans were updated when needs changed. For example one person had become bedbound and the care plan was updated in light of their need to be repositioned every three hours.

Care plans provided some information about people’s habits, interests and preferences. For example one file noted a person had tendency to wander, that they liked to knit and sing, and stated the topics the person liked to talk about. However we noted that only some of the files had information about people’s background and life history. Such information would be useful in assisting staff to build good relationships and having meaningful conversation with people whose memory may be deteriorating.

Assessments for nutrition, pressure sores, dependency levels and weights were routinely undertaken and monitored. We saw that a risk assessment booklet was completed for each person. Where a risk was identified, a specific plan was drawn up with clear actions set out. However we noted that some significant risks noted within the body of the care plan were not always included in the risk assessment. For example one person's care file showed that that they were at risk of internal bleeding should they have any kind of fall due to being on warfarin and in this eventuality and ambulance should be called for them. We noted in their file that when they had fallen the correct action had been taken. However this risk and the action required was not included in the person's risk assessment. This suggested that whilst people’s risks were understood by the current staff working at the home and the correct action had been taken, people's care needs and risks were not clearly recorded.

Aspects of the care plans we looked at were sometimes unclear and inaccurate. For example one person was said to be incontinent but elsewhere in the care plan it was reported that they use the toilet independently. In another person’s care plan, we noted that the outcome of a recent medical appointment suggested that the person had developed dementia and we asked about this because no adjustment to their care plan or risk assessments appeared to be have been undertaken in light of this significant change. We spoke with a member of staff about this. They noted the entry but said that this was incorrect as the person had not been diagnosed with dementia.

The information above is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as an accurate record of the care and treatment provided to people was not always occurring.

We noted that care plans were reviewed monthly and this was confirmed by the registered manager. However some entries only stated that there was no change or were left blank. Staff told us that no comment was made if there had been no change. This meant it was not possible to

Requires improvement

Is the service responsive?

ascertain the nature of the review. We spoke with the registered manager about this and he acknowledged that this needed to be addressed and confirmed that they would ensure that reviews were clearly documented.

We saw that end of life care had been considered within the care planning process although some people had preferred not to specify any particular plans. We saw that do not attempt resuscitation certificates (DNARs) had been properly completed the people who did not want this intervention should they require it.

We looked at the activities timetable which included a variety of activities such as gardening, bingo, table games and coffee morning. During the day of our inspection we saw that there was a sing-along during the morning of the inspection and people participated with this. We noted that the home stated that they were "pet friendly" and welcomed relatives bringing in dogs where appropriate. We saw guinea pigs were kept in the garden and people living at home enjoyed watching and holding these. We saw evidence that the service kept a record of the activities people got involved with. However we noted that the records were not up to date and raised this with the registered manager. He confirmed that this information would be consistently recorded.

There were systems in place to ensure the service sought people's views about the care provided at the home. There was a suggestions box so that people could leave their feedback and comments. We saw that the home had developed a questionnaire to periodically gather feedback formally from people living at the home or their relatives. The form was clearly presented and provided opportunities for people to feedback on a wide range of aspects of the home. We saw that some completed questionnaires had been received although it was not clear how often feedback was formally gathered and how it was used to inform improvements in the quality of the service provided. The registered manager acknowledged that questionnaires needed to be sent to a significant proportion of people consistently and said that this would be done. The registered manager was able to give us some individual examples of how they have responded to issues raised by people. For example one person had asked for a double bed and this was provided. We were told they then change their mind and requested a hospital bed which was also made available.

We saw that meetings were held for people living at the home where they could give their views on how the home was run. All the people we spoke with and relatives told us that if they had any queries or concerns they would not hesitate to raise it with the management at the home.

The home had a comprehensive complaints procedure. Relatives we spoke with knew who to complain to if they were dissatisfied with any aspect of their relatives' care. We examined the complaints records and saw that these had been recorded and had been dealt with accordingly. Staff knew that complaints need to be recorded and brought to the attention of the registered manager.

Requires improvement

Is the service well-led?

Our findings

There was a clear management structure in place with a team consisting of care staff and the registered manager. Care staff spoke positively about the registered manager and the culture within the home. One member of staff told us, “The manager is very nice. Very friendly.” When asked about the management in the home, a member of staff said, “Overall ok, don’t feel anything is too much for them.”

Staff told us they worked well as a team and management were supportive. One member of staff told us, “I feel very supported by the management and am able to go to them with anything.” Another member of staff said, “No problems. I can always speak to the manager if I need to.” We saw evidence that there were staff meetings, however these did not occur regularly and consistently. Staff we spoke with confirmed this and said that staff meetings could occur more frequently. We raised this with management at the home and they acknowledged that staff meetings could be more frequent and said that they were currently aiming to have these meetings monthly. They also explained that there are daily handovers so that staff are provided with the information they need.

The home had a system to monitor accident and incidents and implement learning from them. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all learn from these. We looked at the accident book and noted in one person's file they had had an accident that had required an ambulance. Whilst we saw that the correct action had been taken we noted that this accident had not been recorded in the provider’s accident book. Other records of accidents had been recorded.

The home held meetings with people who used the service to discuss any queries or concerns people had. The registered manager also told us that he encouraged people and relatives to communicate with him at any time about any concerns they may have. People who used the service and relatives we spoke with told us that if they had any issues they felt comfortable raising them with the registered manager. One relative said, “I can speak with the managers. No problem.” and another said, “The managers are really nice. There is always a manager at the home. They are approachable. I can contact them.”

We saw that the home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We saw documented evidence to confirm that the registered manager carried out checks which covered various aspects of the home and care being provided such as the premises, health and safety, medication, and care plans. However, quality monitoring system audits were not always effective or robust enough to identify problems within the service. For example, the service’s internal medicines audits had failed to pick up the issues in respect of the management and storage of medicines as well as the lack of necessary DoLS applications.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment There was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were potentially being deprived of their liberties. The service had not made attempts to identify whether any people were being deprived and had not made any attempts to apply for the relevant safeguarding authorisations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as an accurate record of the care and treatment provided to people was not always occurring.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service was not managing medicines properly and this was putting people at risk. There were issues with the storage and recording of some medicines.