Longwood Care Home Limited

Longwood Grange

Inspection report

Longwood Gate
Huddersfield
West Yorkshire
HD3 4UP

Tel: 01484647276

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 December 2015 and was unannounced. The service had previously been inspected on 23 February 2015 and was not meeting the regulations in relation to the management of medicines, staffing levels and arrangements for acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We asked the service to make improvements and the registered provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we checked to see if improvements had been made. We found significant improvements had been made around medicines management, staffing level and with the application of the Mental Capacity Act Deprivation of Liberty Safeguards. However, we still found gaps relating to capacity assessments and the administration of medicines covertly.

Longwood Grange is a registered care home situation in the village of Longwood, outside Huddersfield. It provides accommodation and personal care for up to 34 people. At the time of our inspection there were 24 people living there. Four people were living with dementia. The home had a registered manager. 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.

We found staffing levels at the service had improved since our last inspection. People told us their call bells were answered in a timely manner and staff responded to their needs.

Staff had received training in safeguarding people from abuse and were able to tell us what they would do if they suspected abuse was happening.

Medicines management and administration had significantly improved since our last inspection but we found an issue with medicines which had been crushed prior to administration which was not in accordance with the guidance provided by the pharmacy and was not safe practice. This was addressed immediately by the registered manager who ordered liquid medicine.

Staff had received regular training to ensure they had the skills to perform in their role. Some staff were supported to undertake courses to attain NVQ relevant to their position.

People's nutritional and hydration needs were well met and people told us they liked the food served at Longwood Grange.

People whose liberty was deprived had been referred to the local authority for an authorisation in accordance with the Mental Capacity Act 2005. However, we found capacity assessments were general and did not always relate to the specific decision to be made. We found medicines had been administered

covertly without the lawful authority to do so, on the advice of the GP. The registered manager was to initiate a best interest meeting immediately to ensure this practice was lawful.

Staff were kind, caring and compassionate to the people who lived there and the relationships between staff and the people they supported were observed to be respectful and dignified.

People's independence was actively promoted and the registered manager encouraged people to be part of the local community.

Care records had improved but there were still sections which were incomplete and daily records were repetitive and did not show the daily experience of the person living at the home.

The registered manager ensured there were very few complaints by encouraging relatives to regularly feedback verbally about the service and how they believed it could be improved.

The registered manager had improved the care provided at the home over the previous few months and was aware that improvements in management reports needed to be their next focus. Improvements in the décor and the environment had created a very homely, friendly atmosphere at Longwood Grange. The registered manager and the staff had a vision for the service which included promoting independence for the people living there but also ensuring the reputation of Longwood Grange as a respected home with a high standard of care for the people living there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Staff had a good understanding of safeguarding and were able to tell us what they would do to protect people at risk of abuse.

Staffing levels had improved since our last inspection and people told us staff met their needs promptly.

We found there had been a significant improvement in the management of medicines and most medicines were stored and administered safely. However, we found an issue with covert medicines which had been crushed to administer and for these people medicines had not been administered safely.

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Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards and could confidently describe to us how they ensured people's liberty was protected.

People had capacity assessments in their files but these had not always covered the specific decision. There was no capacity assessment and best interest decision relating to the covert administration of medicines.

People's hydration and nutritional needs were met and people told us how much they enjoyed their food.

Is the service caring?

Good

The service was caring

Staff treated people with kindness, compassion and dignity and protected their privacy.

People were encouraged to be as independent as possible in their everyday lives.

Information about people was held confidentially and secure.

Is the service responsive?

Requires Improvement

The service was not always responsive

People were offered choice in their daily lives.

We found improvements had been made to care planning since our last inspection but further improvements needed to be made to ensure care records were complete and detailed the person's experience of care on a daily basis.

The registered manager was proactive in seeking the views of the people who used the service and their relatives and was confident people would report any concerns. There had been no recorded complaints about the service provided at the home.

Is the service well-led?

Requires Improvement

The service was not always well led

The registered manager was supportive and respected amongst the staff, people who used the service and relatives.

The registered manager had concentrated on improving standards of care at the home which meant they had not had the time to ensure all staff had received individual supervision.

Management audits had improved but were not yet robust enough to drive up and sustain quality at the service.

Longwood Grange

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 11 December 2015 and was unannounced.

The membership of the inspection team consisted of three adult social care inspectors.

Before the inspection we reviewed all the information we held about the home, including previous inspection reports. We contacted Healthwatch, the local authority contract monitoring team and we spoke with the local authority safeguarding team to gather information about the service. The registered provided had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at Longwood Grange. We spoke with 10 people who used the service, and two relatives. We spoke with the operations manager, the registered manager, the deputy manager, three care staff and the cook. We reviewed 10 care records and all the DoLS authorisations at the service. We also spent time observing the care and support being delivered at this location.

Requires Improvement

Is the service safe?

Our findings

We asked the people who lived at Longwood Grange whether they felt safe. All the people we spoke with told us they felt safe. One person said, "I feel safe. I can lock my door at night. I have the code for the front door, which is locked." People told us call bells were answered promptly when they required assistance. This had been highlighted as an issue at the previous inspection, but improvements had been made and the people using the service confirmed this. One person said "I always ring the bell if I want to be moved and made comfortable. They come quickly."

At the last inspection we found there to be insufficient staffing during the night. The service had employed additional staff to work during the night and had plans to increase staffing as the number of people who used the service increased. We looked at the staffing rotas for the three weeks prior to our inspection and concluded there were sufficient staff to meet the needs of the people living at Longwood Grange. The registered manager told us they used a dependency tool to assess the dependency of each person as they came into the service to ensure they would have sufficient staff to meet the needs of the person. They also reviewed the dependency of the person regularly to ensure staffing levels at the home were sufficient to ensure the people who lived there were cared for in a timely manner. The registered manager told us they covered for staff sickness and leave amongst existing staff and would only consider using agency staff as a last resort to ensure people were cared for by staff who knew them.

We spoke with three care staff who were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. Staff knew where to source relevant information to allow them to make a safeguarding referral. Staff also knew the principles of whistleblowing and assured us they would make use of whistleblowing if necessary. They were keen to assure us the management team had an open approach and they had confidence any concerns they had would be dealt with.

The registered manager told us risk assessments were completed for any activity which may present a risk, such as for people who smoked, people who used the kitchen, for bed rails, those at risk of malnutrition, and at risk of pressure areas. We found risk assessments in the files we reviewed around these areas and plans were in place to reduce the likelihood of the adverse incident. We did not find any specific individual risk assessments around the use of assistive equipment such as the use of the bath hoist, or shower chairs. We also found moving and handling care plans lacked the method to enable staff to follow a detailed plan and they also did not specify the exact equipment to be used. This is important to ensure all staff utilise the correct equipment and technique to support the person. However, all the moving and handling practice we observed was safe and appropriate for the people using the service and all staff had received training in moving and handling. The deputy manager was the 'train the trainer' for moving and handling and for monitoring competence in this area.

Medicines were administered to people by trained care staff. All people were assessed as to their capability to self-medicate. Whilst no people had been found capable of self-medication the process demonstrated

the provider was attempting to maximise people's independence.

We looked at people's medicine administration record (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. Our observations of the medicine round showed medicines were administered with sensitivity. Our scrutiny of the MAR sheets and our observations of the administration of medicines demonstrated medicines to be administered before or after food were given as prescribed. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. We carried out a random sample of supplied medicines dispensed in individual boxes. We found on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed. However we observed medicines on one occasion being administered with no regard for the prescriber's instructions. This related to a medicine being crushed prior to administration. We brought this to the attention of the registered manager who immediately contacted the pharmacy to request the medicine in liquid form.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We noted the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

We found personal emergency evacuation plans in all the files we looked at. However, for those people requiring staff to assist them because of moving and handling needs, these did not detail how staff should support them to a safe area although staff could describe to us what they would do in the event of an emergency situation.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work in the home. For example, we saw evidence in each file that Disclosure and Barring Services (DBS) checks had been undertaken and two references received for each person. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

Work was underway to refurbish the environment and the dementia area had been decorated with wallpaper chosen by people living there. Doors were painted in bright colours with signage and the home was in the process of improving signage on individual bedroom doors and making memory boxes outside people's rooms personalised. The dementia unit was not fully occupied at the time of our inspection, but had its own dining area and cinema room. We did not see either utilised during our inspection. We saw documentation which showed that regular checks were carried out on the environment and the home employed a handy man to undertake any repairs promptly. This meant people were cared for in an environment that was maintained and safe.

We completed a tour of the premises as part of our inspection. We inspected three people's bedrooms, bathrooms, toilets and various communal living spaces. All radiators were covered to protect vulnerable people from the risk of injury. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus ensuring no trip hazards existed. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

Requires Improvement

Is the service effective?

Our findings

We asked the people who lived at Longwood Grange about the food and availability of drinks at the home. One person said "There is a good selection of food. They come and ask what you want." People told us if they did not like any of the menu choices, they would be provided with an alternative.
We observed the lunchtime meal experience in the downstairs dining room. Some people chose to eat in the lounge area and in their bedrooms. Tables in the dining room were laid out with table cloths, cutlery and condiments.
The service had a picture menu which accurately represented what was on offer to ensure those people who had difficulty understanding the written menu were able to choose what they wanted to eat. People who lived there also told us they are offered plenty to drink during the day and whilst they are in their bedroom. We observed people were offered a choice of juice or hot beverages during the day and at meal times and those people in their rooms also had drinks close to hand.

The registered manager told us all staff completed the Care Certificate to induct them into their role. We were also told following induction training new members of staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. The registered manager told us the induction was four days in length and night staff have to complete two days on day shift as part of their induction to get to know the people they will be supporting. Staff we spoke with confirmed they had undergone an induction before starting work.
We looked at the training matrix for the staff and noted they had received training in the following areas moving and handling, infection control, fire safety and most staff had received training around safeguarding and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We were also told the district nurses had visited the day before to provide additional training in catheter care, hand washing and diabetes. The registered manager told us as that, as a lot of the training was provided on line and not all staff had access to computers, the registered provider was planning to purchase a tablet for staff to complete their induction and on line training whilst at work. Two of the members of staff told us they were undertaking a National Vocational Qualification Level 2 and the deputy manager told us they undertaking a National Vocational Qualification Level 5 in management to enable them to develop into management.

The registered provider's policy is for staff to have four supervision sessions each year. We looked at three staff files and found that supervision had not been happening as regularly as their policy dictated and tended to happen when there were issues with the staff concerned. We raised this with the registered manager who told us they were aware it had not been happening as regularly as required. The registered manager also told us they did group supervision sessions with staff although these were not recorded. They told us their priority since starting as the manager of the service was to be on the floor with staff observing what was going on to enable them to benchmark and build the service up. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care and supervision sessions need to be recorded to evidence staff are being supported to achieve high standards of care.

For those people who used the service who had capacity we observed they were able to express their views

and make decisions about their care and support. We saw staff seeking consent to help people with their needs. We saw evidence in files where people were unable to give valid consent; there was documentation to support other people making decisions on their behalf though a Lasting Power of Attorney.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the previous inspection we found the registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. At this inspection we found all the people who might be considered to have their liberty restricted had been appropriately referred to the local authority for an authorisation. The registered manager told us seven people were subject to DoLS. We asked the staff how they supported people who were subject to an authorisation. They were able to tell us who had a Deprivation of Liberty Safeguards authorisation in place and how they would support a person subject to an authorisation. This showed us staff were knowledgeable in how to keep the people living there safe without overly restricting their freedom.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked in detail at four of the authorised DoLS and found people were being supported in accordance with their authorisation. However, we found one person had conditions attached to the authorisation and this condition was not being enacted. We discussed this with the registered manager who confirmed they had not been alerted to this condition during their absence from Longwood Grange, but they would ensure immediate compliance. The condition referred to the administration of medicines by covert means.

We reviewed capacity assessments in four care files and they followed the two stage test of capacity. However, we found the assessments lacked detail around the specific decisions to be made such as around the administration of medicines. We found three people received their medicines covertly. In one person's care file we could find no evidence of a capacity assessment and best interest meeting which had considered all aspects of medicine administration. There was a letter from the General Practitioner (GP) which said "I have advised the use of covert means for administering all medicines prescribed". We could find no agreed list of medicines to be administered covertly. There was no involvement of a pharmacist to advise on a suitable and effective means of disguising the medicine. This meant the medicines were not administered in line with the requirements of the Mental Capacity Act 2005.

In the second person's care file we could find no evidence a specific mental capacity assessment nor could we find evidence of a best interest meeting. The only reference we found to any professional input to the process was a care plan statement, "[Name] on occasions refuses medicines so their GP has agreed that if they refuse they can be administered covertly". There had been no involvement of a pharmacist to ensure an appropriate form of disguising the medicine was used. We saw no evidence of a review process to ensure covert medication remained appropriate. Furthermore we witnessed medicines being crushed with no available guidance as to whether this may alter the therapeutic properties of the medicine rendering them ineffective.

In the third care plan we reviewed we saw a close relative had been consulted about the decision to be made, but we found no evidence a procedure had been followed to allow for the legal administration of covert medicines. In particular we noted a pharmacist had not been involved in the process and the practice of administering medicines covertly relied on a letter from a GP practice giving consent to covert medication. The registered manager assured us the current arrangements for the administration of covert medicines to three people would be subject to urgent review with adherence to national guidance. The registered provider's policy contained specific information to allow for the creation of a legal framework to allow medicines to be administered covertly. The lack of specific mental capacity assessments around the administering of medicines covertly was a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence in care files that people's healthcare needs were being met. For example we were told about a recent visit by an Occupational Therapist. We also met a community nurse who visited the home on the day of our inspection who told us they visited morning and night to administer insulin to people who are diabetic. They told us staff were always available to support the nurses and communication was good between the home and the service.

Good

Is the service caring?

Our findings

People told us they received good support delivered by caring staff. One person told us "The staff are friendly and helpful. They are there if you want them and never too busy to spend time with you". Another said "Staff are caring." Throughout our inspection we saw people were treated with respect and in a kind way. We saw staff spoke with people patiently and respectfully and staff engaged with people with care and compassion.
It was evident from our discussions staff knew the people they were supporting well. We observed staff at all levels responded quickly to people's requests and we observed staff ensured the comfort and wellbeing of the people living there as of high importance. The registered manager told us "The service is all about the residents and what they want. "We reviewed the minutes of the latest staff meeting which had promoting dignity as an agenda item. Staff were asked what this meant and how they promoted dignity at the home. The home had a dignity champion and we saw in the minutes of the team meeting further training around dignity was planned as the service recognised how important this area was in providing a caring service. Staff told us they protected people's privacy by ensuring they knocked on people's doors before entering, shutting the curtains before undertaking personal care and covering people up during care tasks.

People who used the service were involved in the recruitment of new staff. We asked the registered manager whether people who used the service had the final say in recruitment and they told us they had not employed two people recently because the people who used the service had not agreed to the appointment. This showed us the views of the people living there were sought about who was to provide their care and they were involved in this aspect of the service.

We asked how the staff maximised people's independence. They told us they tried to encourage people to do as much as they could for themselves. People were encouraged to wash and dress themselves and choose their own clothes. The registered manager told us promoting people to remain independent in the community was one of their priorities for the coming year. They were trying to encourage the people who lived there to go out for appointments and they were making arrangements to book out a local hairdressers once a week so people could go out and for their hair done and go for a coffee afterwards.

We asked about equality and diversity and how people were supported in relation to their religious and cultural needs. The registered manager and the deputy manager told us people who lived there were supported to attend the local church every Sunday. They also told us about a person who lived there whose first language was not English and because they were living with dementia, they sometimes switched between languages. They told us their care plan contained key words in their own language which enabled staff to communicate with this person.

We saw all care plans and documents relating to individual people were securely stored to ensure the confidentiality of the people living at the service.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found care records were incomplete and had not included information relating to valid consent and involvement. At this inspection we found there had been an improvement in the care planning which was person centred detailing the views and preferences of the people supported. However, we found people's care records still contained unsigned and undated sections. Care records had been changed so that each care plan section contained a daily record of care intervention with a potential of 16 entries. Whilst in theory this should have led to a detailed history of the person's daily experience the reality of so much recording in the different sections meant that the records were brief and repetitive. For example, in one person care record for the day before the inspection the following was recorded "Assisted with all personal care." and "personal care needs met all through the night." There was no description of what these care needs were and whether the person had been offered choice in how these were met or consented to these. In one oral care plan it was recorded the aim of the oral care plan "To maintain a good standard of care and staff to ensure person has good oral care and if any changes, to document and inform senior staff to liaise with the correct professionals. To check oral care on a daily basis and document any change. However, between 4 December 2015 and 9 December 2015 " declined oral care" was documented with no explanation of further consideration to maintain oral hygiene. The area manager told us they were looking at recording practices with a view to streamlining processes across the registered provider's homes in the area to ensure consistency in recording practices.

The registered manager told us they were in the process of putting together people's life histories. They told us one person's relative had assisted in writing theirs and this was a really good example. However, they have not yet completed this piece of work with all the people who used the service We saw evidence people who used the service were involved in writing their care plans.

The registered manager told us people at the home worked with the chef and helped compile the menus to ensure the people who lived there had a menu of their choosing. They told us how important it was that people's choices were respected including what time people got up, whether they wanted to sit in the communal areas and what they wanted to do during the day.

The home had recently refurbished the upstairs lounge area into a cinema area with a curtained screen and a popcorn machine. We were told this had proved very popular with the people who lived there and their relatives. People who lived at Longwood Grange had also requested the downstairs lounge area was refurbished to include an old fashioned bar, and this was in progress at the time of our inspection. They also had external entertainers coming in to the service to support people with dementia with activities but we were told there was very little take up at a recent session. One person we spoke with told us they were happy to sit and chat to their friend who also lived at the home.

The home employed an activities coordinator to provide a programme of activities for the people living at Longwood Grange. We observed an activities board detailing activities taking place daily. However, on the week of our inspection the activities coordinator was on leave and we were told care staff would be taking

on this role in the absence of the activities coordinator but this would not be the designated programme but what people wanted to do. We saw very little meaningful occupation during our inspection and discussed activities which might improve the mental wellbeing of people with the registered manager. We recommend that the service seek advice and guidance from a reputable source, on meaningful occupation in a care home setting.

The registered manager told us there had been no recent complaints about the service. They said " I spend a lot of time with relatives. I ask them what they think. They are very open with me and very willing to give feedback. They will come to me if anything is wrong, but there has never been any problem." We were shown a file with compliments about the service but none of these had been date stamped so we could not see if these were relevant recent compliments about the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us their vision for the service was to promote people's independence in everyday activities of daily living such as going out to the hairdressers or to the shops. They told us they wanted to provide a high quality service and they had begun by challenging poor practice such as staff not ensuring the hydrations stations (where juice was kept) were always filled to ensure the people who lived there always had access to drinks, making sure staff always ensured footrests were on wheelchairs when in use and people's personal dignity and preferences were always respected. They told us the culture of the home was positive and they were an open and transparent manager. We observed a positive atmosphere in the home with an emphasis on improving the service for the people living there and an openness to learn. Staff spoke highly of the registered manager and the area manager describing them as fair, always listening and offering appropriate advice. Staff told us they found the caring role fulfilling and one member of staff told us how they had been supported and given the opportunity to progress within the organisation. We found there was a positive attitude amongst staff in the service.

The registered manager told us they had spent the last 12 months spending time with the staff to ensure the care provided was of a high standard. This had meant that they had spent less time ensuring some audits had been thoroughly completed. We did review detailed audits around infection control, mattress, hoist, slings and bed rail audits. However, formal supervisions with staff had not always taken place regularly in accordance with company policy and a detailed care plan audit would have picked up the issues with incomplete, unsigned and undated records in care plans. Both the registered manager and the deputy manager told us care records were the biggest challenge to the service and ensuring staff recorded people's daily experiences of care.
The operations manager who had recently taken up their post had undertaken a monthly compliance check to measure the home against the CQC fundamental standards. They were encouraging in the vision to ensure standards were raised and improvements were sustained. Their aim was for all the registered provider's locations in the area to provide a uniformed approach to systems in with registered managers sharing good practice at regular management meetings. They demonstrated to us they were proactively challenging practice and striving to raise standards within the home by ensuring actions to their audits were completed.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. We saw staff meetings had been happening and we reviewed the minutes of a staff meeting held on 21 October 2015 and the minutes of a senior staff meeting held on 16 November 2015. These looked at staffing issues and an action plan was drawn up to resolve arising matters. The service had also sought the views of relatives and residents but did not have an overview of the results of these questionnaires to inform the inspection process.

The service had been meeting their statutory duties by notifying CQC regarding safeguarding and injuries. However, they had been unaware that they needed to notify us about Deprivation of Liberty Safeguards. The registered manager told us they would rectify this immediately and send in the recent authorisation

notifications.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 12 HSCA RA Regulations 2014 Safe care and treatment Mental capacity assessments and best interest decisions relating to covert medicines had not been completed to ensure this was in accordance with the requirements of the MCA.