Community Integrated Care

Glen Cottage

Inspection report

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Ratings

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

Overall summary

The inspection took place over two days on 11 and 12 May 2015. The inspection was unannounced.

Community Integrated Care are a national charity delivering care and support to people with a diverse range of needs including people with learning disabilities, mental health concerns and health related problems. Glen Cottage is registered to provide accommodation and personal care for one person. The home is located in a residential area close to community facilities. At the time of the inspection there was one person living at Glen Cottage.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Mental capacity assessments had not been undertaken to establish whether people using the service were able to make decisions about and agree to their support plan. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care and support arrangements in place, whilst in the person's best interests, meant there was a risk of the person's liberty or freedoms being restricted. However an application for a deprivation of liberty safeguards (DoLS) had not been submitted. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements could be made to the training programme to ensure that staff had more up to date training which was specific to the needs of the person using the service. This would help to ensure that staff were consistently delivering effective care.

Relevant risk assessments were in place and covered activities and associated health and safety issues both within the home and in the community.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff had clear guidance about what they must do if they suspected abuse was taking place.

There was sufficient staff to meet the person's needs. The person was supported by a stable staff team who were experienced and knew and understood their needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These measures helped to ensure that only suitable staff were employed to support people in their homes.

Appropriate arrangements were in place to manage the person's medicines. There were policies and procedures in place to ensure the safe handling and administration of medicines, which were only administered by staff that had been trained to do this.

People were supported to have enough to eat and drink and their support plans included information about their dietary needs and risks in relation to nutrition and hydration. Staff involved the person in decisions about what they ate and they were assisted to remain as independent as possible with eating and drinking.

Where necessary a range of healthcare professionals had been involved in planning people's support to ensure their health care needs were met.

We observed interactions between staff and the person which were relaxed and calm. Staff showed the person kindness, patience and respect. Staff were aware from the person's body language whether they were comfortable with the care being provided or wanted space or time on their own.

There was an open and transparent culture within the service and the engagement and involvement of the person relatives and staff was encouraged and their feedback was used to drive improvements.

The registered manager had a clear vision for the service which had been formulated into a service improvement plan that focussed on driving improvement. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

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?

Good

The service was safe.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff had clear guidance about what they must do if they suspected abuse was taking place.

Risks had been assessed and identified as part of the support and support planning process.

Staffing levels were adequate to meet the person's needs and they received continuity of care from a dedicated and experienced staff team.

Is the service effective?

Requires improvement

The service was not always effective.

Mental capacity assessments had not been undertaken in line with the requirements of the Mental Capacity Act (MCA) 2005 and the correct processes were not being followed to ensure that the care and support being provided was in the person's best interests.

Aspects of the persons care and support, whilst in their best interests, could be deemed to be a restriction of their liberty and freedoms, however, relevant authorisations of the restrictions had not been requested by the registered manager.

Staff had a good understanding of the person's nutritional needs and supported them to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

Staff treated the person with kindness and compassion and respected their dignity and privacy.

Staff showed they had a good knowledge and understanding of the person they were supporting.

Is the service responsive?

Good

The service was not always responsive.

Some support plans did not fully reflect the person's current needs.

Staff monitored the person's health conditions and symptoms. Where there were concerns about the person's wellbeing prompt referrals were made to health professionals.

Relatives were confident they could raise any concerns or complaints with staff or the manager and that these would be acted upon.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the registered manager and their leadership style.

There was an open and transparent culture within the service and the engagement and involvement of relatives and staff was encouraged by the registered manager who used their feedback to drive improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support.

Glen Cottage

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 checked 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 was an unannounced inspection which took place over two days on 11 and 12 May 2015. The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. Before the inspection, the provider completed 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 this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with the registered manager and two support staff. We reviewed the care records of the person who used the service, the records of four staff and other records relating to the management of the service such as audits, policies and staff rotas.

Due to complex nature of the needs of the person using the service, we were not able to seek their views about the care and support they received. We therefore spent time observing interactions between them and the staff supporting them. Following the inspection we spoke with their relative and sought the views of two health and social care professions about the care provided at Glen Cottage.

Glen Cottage was last inspected in October 2013 when no concerns were found in the areas looked at.

Good

Is the service safe?

Our findings

The person living at Glen Cottage was not able to tell us their views about how safe their care was due to their complex needs; however their relative told us they felt the person was "Absolutely safe".

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was readily available on the local multi-agency procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. The service had easy read information available which explained how people could take action to stay safe. We saw there were plans to record this on audio discs so that the person using the service could have access to this information despite their visual impairment.

Staff had access to a whistle-blowing line and information about this was sensitively displayed within the service. Staff told us they were aware of the whistle-blowing line and would use this to report concerns about poor practice. They were also aware of other organisations with which they could share concerns about abuse or poor practice.

Risk assessments were in place to manage aspects of the person's care and support. These included areas such as declining medicines and using the bath and other equipment required to meet the person's needs. Staff were well informed about the potential risks associated with providing the person's care and support and they told us the risk assessments provided them with the information they needed to manage the risks and protect the person from harm. We noted a number of examples where, prior to the most recent review, the risk assessments had not been reviewed in line with the frequency determined by the service. The registered manager had already identified that this was an area which needed to be addressed and plans were in place to provide staff with additional training on drafting and revising risk assessments. The registered manager told us any accidents or incidents were logged on the provider's management system which they were required to review. This helped to ensure they maintained oversight of risks or incidents within the service and helped to identify if there were any patterns or trends which needed to be acted upon to avoid the risk of further harm to the person. The person had a personal emergency evacuation plan which detailed the assistance they would require for safe evacuation of the home.

Staffing levels were adequate to meet the person's needs. Four staff were employed by the service, most of who had been working within the home for many years. Each day one member of staff worked from 10am to 11pm and then slept in until 8am the next morning. They then worked from 8am to 10am at which point the next worker came on shift. At night the member of staff sleeping in had access to alarms and monitoring equipment which alerted them should the person need their assistance. Staffing levels were increased if necessary to enable to person to take part in specific activities or appointments. The registered manager told us that when they joined the service, they had tried changing the shift pattern to make these shorter. Their aim in doing this was to try and enhance staff wellbeing and make covering the shifts easier when staff were absent. They had found however that this did not enhance the delivery of care to the person using the service. They identified that the handover period had become a trigger for the person becoming anxious and so they had reverted to the previous shift pattern with staff fully supporting this decision. This helped to ensure that the person had continuity of care from a dedicated and experienced staff team. The person's relative told us, "[the person] has had the same staff for a long time, they are their family".

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. There were policies and procedures in place to ensure the safe handling and administration of medicines. Medicines were only administered to people by staff who had been trained to do this. This included an annual review of their skills, knowledge and competency to administer medicines. We reviewed the person's medicines administration record (MAR) and saw these were fully completed and contained sufficient information to ensure the safe administration of

Good

Is the service safe?

their medicines. There were protocols and guidance in place for the use of emergency or 'if required' medicines. These included information about the strength of the drug, route of administration and the maximum dose to be given in 24 hours. Where these 'as required' medicines were for pain relief, the protocols included information about the signs or behaviours which might indicate the person was in pain.

Medicines were stored safely in a locked medicines cabinet. We noted that room temperatures were not being taken daily to ensure the medicines were being stored within recommended temperature ranges. This is important as if medicines are not stored at the right temperature, they can start to break down or become less effective. The registered manager told us that arrangements would be made to address this.

Requires improvement

Is the service effective?

Our findings

The person was supported by staff who had a good knowledge of their needs and of their likes and dislikes and during our inspection we observed that staff delivered care effectively and to an appropriate standard. We saw a range of comments from other professionals visiting the home in the compliments log, which suggested they considered the home provided effective care. One recent comment had noted, "Staff team have a good knowledge of [the person's] ailments and are very on the ball. Great to have all the information we needed on hand".

Mental capacity assessments had not been undertaken in line with the requirements of the Mental Capacity Act (MCA) 2005 and the correct processes were not being followed to ensure that the care and support being provided was in the person's best interests. The person being supported at Glen Cottage would not have been able to consent to aspects of their care and support but we could find no evidence that relevant mental capacity assessments and best interest's consultations had taken place. Staff had not received training in the MCA 2005. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent.

The person was able to make some routine or everyday decisions for themselves and we observed staff supported them to do this wherever possible. Staff had a good understanding of the range of non-verbal communications used by the person to express their consent to tasks such as going out or choosing between two activities. One staff member told us, "If we are proposing to go out but [the person] wont lift their feet to have their shoes on, that means they do not want to do this, so we respect their wishes". They also spoke about the importance of allowing the person time to process information and requests and not jumping to conclusions that the person did not understand the information. This helped to ensure that, where the person was able to give consent, staff acted in accordance with this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We found that aspects of the persons care and support, whilst in their best interests, might be deemed to be a restriction on their liberty and freedoms, however, relevant applications for a DoLS had not been submitted by the registered manager. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

The registered manager told us that prior to new staff commencing their employment within the home, they received induction training, which if successfully passed, resulted in the person achieving The Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. Once working within the home, new staff received a comprehensive three month induction which was carefully planned and meant they could be introduced very slowly to the person using the service. This was because the person found it very difficult to accept care from new staff members who they did not know and feel comfortable with. Initially the new worker simply observed, from a distance, the delivery of the person's care by other staff. During the next stage, the new worker came into the person's room whilst others were providing care. Then very gradually and with the consent of the person, they began to be directly involved in some basic care provision until it became evident that the person was comfortable with the new worker allowing the experienced workers to gradually withdraw. This extended induction allowed the new workers to really learn about the person's needs, their routine, risk management strategies and communication methods. A staff member told us their induction had enabled them to "Feel ready and able to support [the person].

Staff completed a basic training programme which included first aid, managing actual or potential aggression, moving and handling, medicines administration and safeguarding people. The registered manager explained that whilst they did not offer ongoing specific training in areas such as infection control they provided staff with coaching and had robust discussions throughout supervision and staff meetings to ensure their knowledge was up to date. We were told that staff were soon to be issued with workbooks provided by an independent organisation which helped to give staff knowledge and understanding of areas such as epilepsy, recording skills,

Is the service effective?

nutrition and safe food handling. The registered manager told us they also planned to make a referral to the community learning disability team for epilepsy training specific to the needs of the person using the service. Staff told us they felt the training provided was adequate to enable them to provide effective care to the person living at Glen Cottage.

Staff told us they felt supported and that they received supervision which was helpful and provided an opportunity to reflect upon their practice, discuss their personal wellbeing, issues regarding the people using the service and any safeguarding matters. We did note that prior to their most recent supervision session, it had, in most cases, been six months since staff had last received supervision. However, staff told us they felt able to approach the registered manager at any time to discuss a matter or seek advice. We also noted that staff had not had an appraisal since 2013. Appraisals are important as these are a tool for the employer to explore the continued growth and personal development of the staff team which helps to ensure staff achieve the necessary skills to provide high quality care. The registered manager told us they were committed to improving the frequency of supervision and we saw they had already booked dates for staff members to have an appraisal.

Staff supported the person who used the service to choose their own meals from a range of known preferred foods. The person had specific needs around their nutrition to avoid the risk of choking and these were described in detail in their eating and drinking plan. The staff we spoke with had a good understanding of these specific needs and were able to clearly describe how these were catered for. Records were maintained of what the person ate and these showed the person was being supported to maintain a healthy diet including plenty of vegetables and fruit. Fluid charts were used to assist staff with monitoring that the person was drinking well. On days when the person's fluid intake was not so good, staff made jellies to enhance their intake. Specialist equipment such as cups with handles were used to enable the person to be as independent as possible.

Where necessary a range of healthcare professionals including GP's, clinical psychologists had been involved in planning the person's support to ensure their health care needs were met. Referrals were made quickly to healthcare services when the person's needs changed. Due to their complex needs, the person was not able to tell staff if they feeling unwell, so it was important staff observed for signs which might indicate this. We saw the GP had been called promptly when needed. Staff also took the person's temperature daily which helped them to effectively monitor any increased risk of the person experiencing a seizure. A health care professional told us, "The staff know [the person's} medical history clearly, they provided good observations which enabled the consultation to run smoothly…the staff are well informed and knowledgeable about [the person] and their health needs and management".

The person had a Health Action Plan (HAP) which contained information about their physical health and allergies and also preventative support plans around reducing cholesterol levels and stroke prevention. The HAP also contained details of their medical appointments, the outcome of these and any required actions. The person had a hospital and dental passport. These are used to share key information with medical staff about the person's needs, their communication methods and behaviours in the case of admission to hospital or visit to the dentist. We did note that the person's weight was not being monitored. This can assist staff to identify any weight loss or gain that might have implications for the person's overall health and wellbeing. We spoke with the registered manager about this who explained that accessing the relevant equipment for this had been difficult. **We recommend that the service explore what options are available to assist them with monitoring the person's weight in the most effective manner.**

Whilst all parts of Glen cottage were clean, we noted that some internal areas needed some redecoration or refurbishment to ensure they provided a pleasant living environment which could be fully enjoyed by the person living at the service. Following the inspection the registered manager contacted us to advise they were making the necessary arrangements for this work to be completed.

Good

Is the service caring?

Our findings

The person living at Glen Cottage was not able to tell us how caring the service was and so we spent time observing whether staff treated them with kindness and compassion and respected their dignity and privacy. We observed interactions between staff and the person which were relaxed and calm. Staff showed the person kindness and understanding. Staff had clearly developed a meaningful relationship with the person. Even though the person was not able to answer or converse with them, staff were observed to be engaging with them in a meaningful way. A staff member told us, "I don't want to be responsible for [the person] having a bad day, the affection we all have for [the person] keeps us here, we care very deeply about them and what happens to them". The caring and compassionate manner of the staff appeared to have helped the person to develop a trust and confidence in those supporting them. This enabled them to have periods when they were clearly happy and content. When the person was experiencing a less settled day, we observed that the staff continued to demonstrate concern and empathy for the person and a commitment to alleviate their distress and anxiety.

Due to the person's needs, staff needed to be aware of and monitor their wellbeing for the majority of the day. Staff managed this in a sensitive and unobtrusive manner. Staff were aware from the person's body language whether they were comfortable with receiving care or support. When this was not the case we saw staff immediately withdrew and gave the person some space, but still observed from a distance so that they could be aware whether the person needed their assistance.

Staff showed they had a good knowledge and understanding of the person they were supporting. Staff were able to give us examples of their likes and dislikes which demonstrated they knew them well. We were given examples of the types of food the person liked to eat and what activities they enjoyed as well as their preferred daily routines. This information was also reflected in the person's support plan.

The person had a communication passport which described a range of receptive and expressive communication techniques they might use. Staff had a good knowledge of these and this helped to ensure the person was supported to make their views known and be actively involved in decisions about their care. For example, we saw that lifting their feet to have shoes put on meant they were happy to go out. When staff were planning the menu, the person opened their mouth or smiled when they heard favoured food options and so staff could determine what they would like to eat.

Staff tried to encourage the person to maintain their independence, even if this was by completing small hand over hand tasks, by encouraging them to dry themselves or by taking their arm out their jumper when undressing. A member of staff said, "It can take 20 minutes for [the person] to take their arm out of their sleeve, but if they want to do it themselves, it is important that they do".

The person's privacy and dignity was respected. Staff were observed to ensure doors were closed when personal care was being provided. Staff also knocked before entering the person's room. Staff introduced us to the person and explained the purpose of our visit and why we were spending the day in their home. The importance of privacy and dignity and person centred support was a common theme throughout the person's support plans. For example, we often saw, 'include me, respect me, and ensure my privacy and dignity. A healthcare professional told us [the person is treated respectfully as an individual despite their complex needs". The registered manager told us they were proud of what the staff team had achieved with the person since coming to the service. They told us "They are a different person, they look dignified, they love a compliment and smile a lot". The person's relative told us, "Its a real success story, [the person] has the best quality of life they could have".

Good

Is the service responsive?

Our findings

Glen cottage provided personalised care and supported the person to make choices about how they spent their time. A relative said, “They [the person] enjoys being there, they have a car and they take them anywhere they want”.

The person’s needs had been assessed to identify their care and support needs and support plans and risk assessments had been developed which outlined how the person’s needs were to be met. We found the support plans would benefit from being more organised with old or out of date information removed or archived to ensure staff were quickly able to access current information. Many of the support plans dated back to 2012 but most remained broadly reflective of the person’s needs. There was evidence the plans were being reviewed at least on an annual basis. We noted some of the support plans were not fully up to date and we saw one example where the person’s support plan contained conflicting information. However it was evident that staff were very knowledgeable about the person’s needs which meant that they were able to provide care with was responsive to their needs.

Other support plans were found to be personalised and provided staff with detailed information about people’s needs, and how to meet them. For example, the person had a detailed daily routine and an eating and drinking plan which provided detailed information about the person’s nutritional needs including the correct consistency of their food and high risk foods to be avoided. The person’s care records contained information such as ‘what is important to me’ and ‘what people like about me’.

Staff maintained detailed daily records which noted how the person had been, what they had enjoyed, whether they had experienced any anxiety or agitation and what foods they had eaten. Staff were monitoring whether the person had any seizures and recording their temperature daily which helped them to recognise early signs of deterioration in the person’s wellbeing and health. Staff were also keeping detailed records of how the person managed to stand and transfer to inform on-going assessment and review of whether this need was being met appropriately. Where concerns had been documented by staff they had responded by making referrals to the person’s GP's or other healthcare professionals.

The daily records and our observations indicated staff were following guidance in the support plans and were respecting the person’s choices and decisions. For example, we saw the daily routine reminded staff the person liked to be told when it was the last spoonful of their meal. We saw this happened in practice. We also saw that the person’s support plan said they liked to have music playing when they were having personal care, again, we saw that this happened in practice.

A care review took place annually and this was an opportunity for the person’s relative and relevant health and social care professionals to make their views known about the care provided by the service. The relative we spoke with had confirmed they were involved in planning and reviewing their family members care and were always kept informed of any concerns about, or changes to, their relative’s wellbeing.

The person’s support plan contained a basic weekly activities planner. Planned activities were often recorded as ‘going out’ and ‘massage and beauty treatments’. We saw the person often declined to take part in the planned activities and some alternatives were offered which included, visits to the library or to local beauty spots. Staff told us the person enjoyed trips to the beach and watching particular DVD’s. We were told the person used to enjoy going swimming, but the pool used for this was no longer available and an alternative had not yet been found that met all of the particular requirements. Staff also explained there were plans to support the person to take a holiday. They told us, “When they are on holiday, this the most relaxed they are”. Staff told us that the activities undertaken with the person had become a little stagnated. They felt however that the current registered manager had brought a new enthusiasm and was challenging them to seek out new opportunities for meaningful activities that could be gradually introduced to the person using the service.

There was a complaints process available and this was displayed in the communal area. There had been no complaints recorded since the last inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The relative we spoke with felt confident they could raise any concerns or complaints with staff or the manager and these would be acted upon.

Good

Is the service well-led?

Our findings

The registered manager had been in post at Glen Cottage since November 2014. The person using the service was unable to tell us their views about the leadership and management of the service, however their relative told us they were "Very happy with the manager, I can't fault them". The registered manager at Glen Cottage was also responsible for managing three other nearby services. This meant they spent on average a day in each of the homes. Despite this, it was evident they were very familiar with the needs of the person supported at Glen Cottage and staff told us, they were "Always on the end of the phone", "Very contactable" and "Came to the home if there was ever an issue".

Staff spoke positively about the registered manager and their leadership style. One staff member said, the registered manager was a "Breath of fresh air, they have plans to improve the service". Another staff member said, "She is on the ball, if there is something wrong, she gets back to you, she was a like a bulldog with ensuring that [the person using the service] got their new wheelchair, there is nothing I can think of that they could do better, they are brilliant, they give 110% to everything".

There was an open and transparent culture within the service and the engagement and involvement of staff was encouraged and their feedback was used to drive improvements. Staff meetings were held regularly and were used as a forum to share ideas and discuss with staff changes or plans for the service. There were a clear set of actions resulting from each meeting many of which had been completed or updated depending upon the progress made. A staff member told us, "We understand [the managers] vision for the service, there is a reason for the changes, we now feel motivated, previously we were just treading water… there was no vision, we were plodding on but with no real dynamism…we have now been told, everything we do is to be built around [the person using the service]…she is well organised, she has a plan and it pulls us up a bit". Another staff member said, "We can always make suggestions, we talk through the pros and cons". Staff told us moral was good, "we all get on well, we are fun loving and make the best of everything".

The provider's statement of purpose set out the organisations aims and objectives and core values which included 'putting individuals first' , 'respecting choice' and 'empowering individuals'. Throughout our inspection, the registered manager and staff demonstrated they worked in a manner that was consistent with these values. The registered manager told us that the staff team had really embraced these values and were committed to "Empowering [the person] helping them to have the best life they can".

The registered manager had a clear understanding of the challenges facing the service. They explained that in the medium term their objective was to enhance the activities and social opportunities available for the person using the service. They explained they wanted to ensure [the person] did not become isolated and had meaningful access to the community on a regular basis. The next challenge was to recruit and retain one more member of staff so that the team was complete and the person had support from a variety of staff each of whom brought their different skills and strengths to the person's care and support.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure the person was receiving the best possible support. A range of audits were undertaken, for example of medicines and the support plans. We reviewed the registered manager's latest service audit and found this to be a very detailed document which clear actions and timescales for these to be completed. Health and safety audits were also undertaken to identify any risks in relation to the environment such as gas and water safety. There was evidence of weekly tests of the fire alarm system and an annual service of this and other electrical equipment. A full fire risk assessment had been completed in October 2014 and business continuity plan had been developed which set out the procedures for dealing with foreseeable emergencies such as loss of power. We did note that the contractor undertaking the water safety checks had for the last six months identified that the water coming out of the hand basin in the bathroom was slightly too hot. They had recommended action be taken which was yet to be completed. The person using the service was not able to operate the taps independently and the temperature of their baths was tested each time. This limited the risks associated with this outstanding work. The registered manager explained that work of this nature was the responsibility of the housing association but agreed to ensure that the completion of this work was chased with the housing provider.

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 11 HSCA (RA) Regulations 2014 Need for consent Where a person lacked mental capacity to make an informed decision, or give, consent, staff had not acted in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11 (3).

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 The registered person had not acted in accordance with the Deprivation of Liberty Safeguards. The proper authorisations had not been sought when aspects of the care and treatment provided deprived the person of their liberty. Regulation 13 (5).