Prospect Housing and Support Services

Prospect Housing and Support Services - 33 Blanford Road

Inspection report

33 Blanford Road
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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

Summary of findings

Overall summary

The inspection took place on 6 May 2016 and was unannounced.

33 Blanford Road is owned and operated by Prospect Housing and Support Services. It provides accommodation for six adults with learning disabilities. At the time of the inspection six adults were resident at the service. The majority of people who live at the service were unable to communicate verbally with us. We therefore observed their response to staff and how they interacted with staff during the day and have used our observations in the report.

At the time of the inspection the service did not have a registered manager they had recently appointed a new manager who was in the process of applying to CQC for registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. However it was identified that three people required Diazepam to be given as sedation prior to the district nurse taking blood and no evidence of best interest meetings in place.

People were safeguarded from the risk of harm because the provider had taken appropriate steps to ensure only suitable staff were employed. There was a training programme in place which helped to ensure that new and existing staff had the necessary skills to meet the needs of the people living at the service.

There had been a change within the structure of the organisation as a result the records management at the service was in a period of transition from one format to a new corporate one. As a result of these changes records management at the home was not effective and did not allow easy access for people and staff to follow.

At our last inspection in 18 December 2013 we raised a concern about "The health and safety of the people who used the service as there was no quality assurance system in place to record the findings of quality questionnaires, analyse the results, identify and record action to improve quality and feed back to the people who use the service." We saw during this inspection the service was now undertaking quality questionnaires and using the analysis to improve the service.

There were enough staff on duty to meet people's needs safely and promptly. The service had a number of staff vacancies which whilst being recruited to were being covered by the use of agency and relief staff. Whilst it is beneficial to have a core of permanent staff, we were told that the service had taken appropriate

steps to mitigate the impact of this by using regular agency staff who had become familiar to people and their needs.

There was positive feedback about the home and caring nature of staff and from relatives of people who lived at the service.

People received personalised care that was responsive to their needs. Each person had a detailed plan of care that was kept under regular review. Risks to people were identified and managed in a proactive and enabling way that balanced their safety and independence.

The service had a relaxed and friendly atmosphere. There was a strong emphasis on key principles of care such as compassion, respect and dignity. We observed that the people who used the service were treated with kindness and that their privacy and dignity was respected at all times. Staff had a good understanding of people's needs and engaged with and supported them effectively.

People were supported to be actively involved in making decisions about their care as much as possible and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. People were also supported to follow their own daily routines and had opportunities to engage in meaningful activities.

People were supported to maintain good health. The service had good links with health care professionals to ensure people kept healthy and well. Medicines were managed safely and there were good processes in place to ensure people received the right medication at the right time.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. Specialist dietary needs were managed well. We saw lunch being prepared and people being supported to eat it independently or with the appropriate assistance of staff.

The culture within the service was open and positive and the staff team provided care that placed people at its centre.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building, in a format people could understand. Each person also had a plan which detailed the support they needed so that staff could assist them to leave the building safely in the event of an emergency.

People had the opportunity to be involved in how the home and how Prospect Housing and Support Services was managed. People were supported to participate in a user group who meet regularly to discus the service provided by the provider and to make suggestions on how they could be improved or maintained at a good level of care and support.

People and their relatives had opportunities to give their views about the care they received and told us that the manager responded appropriately to any concerns they raised. People who had complained in the past told us the provider had responded well to their complaint. Staff told us they had opportunities to express their views and raise any concerns they had.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; you can read at the back of the report what action we told the provider to take.

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.

People were protected from the risk of abuse by staff who were aware of their responsibilities in safeguarding them.

The service had good systems in place that identified and managed risks to people.

There were enough staff who had been recruited appropriately to meet people's needs.

Medicines were stored, administered and managed safely so people received their medicines.

Is the service effective?

Requires Improvement

The service was not always effective

People's rights under the Mental Capacity Act (MCA) were not always met. Decisions were sometimes being made that might not have been in people's best interests.

Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

Staff had an induction and ongoing training provided to ensure they had the skills to support people.

People had a good choice of food available to them. They had enough to eat and drink and had access to specialist diets if required.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff that supported them.

The atmosphere in the service was relaxed and friendly and staff respected people's privacy and promoted their dignity at all times.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Support plans were reviewed and updated when needs changed

People had access to a good range of activities that matched their interests. People had active social lives and good access to the local community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

There were effective procedures in place to monitor the quality of the service.

Staff were supported, listened to and valued at the service. Staff understood the ethos of the service.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

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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 6 May 2016 and was unannounced. Due to the complex needs of the people who lived at the home and the size of the building the inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included notifications, complaints or safeguarding's concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.
We spoke with six people, three care staff and the deputy manager. After the inspection we spoke with two relatives and a healthcare professional to obtain their views on the quality of the service.
We looked at five care plans, three staff files, medicines records and various other documents relevant to the management of the home.

The home was last inspected in 18 December 2013 when we raised concerns about how the provider assessed and monitored the quality of service.

Good

Is the service safe?

Our findings

People could not verbally communicate with us however when we asked if they felt safe they indicated they were by either nodding their heads or giving a thumbs up. A relative told us that staff were "Kind" and they had no concerns about people's safety. We spoke to one healthcare professional who told us that "They felt the staff understood the residents and kept them as safe as possible."

People were protected from the risk of abuse by staff who were confident about what they should do should they suspect abuse was taking place, Staff received up to date training in relation to safeguarding and this was confirmed when we looked at the training records. Policies and procedures were in place to guide staff about how to raise concerns and staff were able to describe the actions they would take should they need to do so, this included how they could report concerns to outside agencies such as the local authority or police if necessary. We saw that incidents that had been recorded as safeguarding concerns had been correctly referred to the local authority. The service informed CQC with details of any incident or accident when they happened and ensured we were updated at all times.

Due to the complex needs of people there was a range of risk assessments in place to help keep people safe whilst ensuring that this was done in a way that did not impact negatively on them. Staff knew about risks to people and what they should do to mitigate these risks. We saw staff support one person who wanted to walk around the service they walked with them and were able to assess when they became unsteady and required to sit down. A member of staff told us that they had assessed the person and the "Safest thing they could do keep (X) safe would be to stop them wondering around" but they had "Assessed the impact on (X) and it was felt that they benefited from being able to go where they wanted with the support from the team."

Risks to people's health and safety had been addressed as comprehensive risk assessments had been completed in relation to the environment. We saw that people were able to move easily around the home as areas were kept clean and free of any trip hazards. One staff member talked how they supported one person to mobilise safely around the home and how they looked for trip hazards, and ensured equipment like walking frames where to hand for people that needed them.

Action had been taken to ensure that people were protected from harm in the event of an emergency such as a fire. Each person had a personal evacuation plans (PEEPs) in place which outlined what action should be taken by staff should an event occur that stopped the service running. Staff we spoke with were clear about what they should do to keep people safe, there had been regular checks conducted of the fire alarm system and firefighting equipment to ensure it was working correctly.

People, relatives and staff told us that staffing levels were sufficient to meet their needs and this was confirmed by our observations on the day of the inspection. From checking the staffing rotas we were able to confirm that the staffing levels on the day of the inspection were consistently maintained to the same level. We saw that staff had time to sit and support people appropriately and were able to play games with people. One person had been taken out by a member of staff in their car, this had not affected the care and

support that other people needed.

The deputy manager told us that staffing levels were calculated on the dependency needs of people which had been assessed when each person came to live in the home. If peoples care and support needs had changed following a review staffing levels would also be reviewed to make sure that there wasn't a need to change the number of staff needed.

There were some staff vacancies and there were steps being taken by the provider to try to recruit permanent staff however whilst this was being undertaken staffing levels were supported with the use of regular agency staff. Relatives and staff told us that by using regular agency staff people became familiar with them and were able to receive the appropriate support. The providers recruitment process was robust and helped ensure that suitable staff were employed. There had been appropriate recruitment checks such as Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely and people were involved in their medicines management as much as possible. We saw staff prepare peoples lunch time medicines. The staff checked that the correct medicines were given by referring to the Medication Administration Records (MAR), which contained a full list of all medicines prescribed and photograph of the person. This ensured people received the correct medicines at the correct time.

Staff that gave medicines to people received appropriate training, which was regularly updated. Staff described what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there were clear guidelines in place which told staff when and how to administer the pain relief safely. Staff had a good understanding on how altering the medicine could affect its effectiveness.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the MAR so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use and were correctly labelled with directions for use. There was regular checking of the medicines to ensure that staff were following the appropriate guidance and if gaps or errors were identified these were addressed appropriate to minimise errors happening again.

Requires Improvement

Is the service effective?

Our findings

People's consent was not always obtained appropriately in specific instances. 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. 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 found that people had MCA assessments conducted appropriately for everyday situations such as choosing what to wear and how their personal care was provided. However where people required medical treatment there was not always an appropriate MCA assessment completed. For example we identified that some people required specific medicines to keep them calm when they were having a blood test from a healthcare professional. There had not been any discussion about whether the medicines that were given were appropriate and in people's best interests. There had been no consideration of whether there was another way of keeping people calm whilst they had the medical treatment.

We recommend the provider reviews MCA assessments for people who require medical treatment.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that staff asked for peoples consent before giving care throughout the inspection. The staff took time to explain things there options and possible consequences, "They told us that they try and help people make as many decisions for themselves."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager told us that they had sent all the relevant DoLS applications to the appropriate funding local authority for all the people living at the service but that they were still waiting for these to be completed and returned. We were able to review the confirmation emails from the local authorities informing the service that the DoLS applications were being actioned and would be completed in due time.

We had positive feedback from relatives about the skills and knowledge of the staff and how they supported people. Staff spoke confidently about people and their individual needs and were able to describe how to communicate effectively with them. Staff were knowledgeable about people and knew what could upset people and trigger anxiety. We saw that one person had become distressed, one member of staff recognised this and took action to reduce their anxiety by talking to them and walking around the home with them which was in line with the persons care plan.

Staff told us that they received an induction when they first started working at the service which was then

supported by regular refresher training to ensure that best practice was maintained. Staff also received regular one to one supervisions.

We were told by the deputy manager that new staff would undertake a full induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Training was provided to ensure care staff undertook their roles and responsibilities. Staff went through training courses that were relevant to their role. For example, all staff, including agency, completed mandatory training in supporting people with learning disabilities before they were permitted to support people. In addition we saw that staff had completed ongoing training such as safeguarding, dignity in care and various courses relating to health and safety. Staff had also been to a local hospital for further training in order to fully support one resident who undergone a surgical procedure and was planning to return to the home.

Staff told us they had regular one-to-one supervisions which gave them the opportunity to discuss what support or further training they needed. One member of staff said, "We have regular supervision but you do not have to wait until then if there is something you need to discuss." The records we checked confirmed that staff received training relevant to their roles and met regularly with their managers for individual supervision.

People nutritional needs were met and they had a choice of healthy and nutritious food available to them. Menus were agreed with people and were set on a weekly basis so they would know the food choices on offer. Where people had specialist dietary needs such as a soft diet, low sugar or to maintain a healthy weight, the ensured that they supported to get the correct meal. The staff developed meal plans with input from people, those close to them and healthcare professionals such as the Speech and Language Team (SaLT). Throughout the inspection we saw that people had access to and were offered food and drink. We observed lunch being made and served. The lunches were individual to each person one person had sandwiches and another person had a full cooked meal. The mealtime experience for people was a positive one with staff supporting people to eat where necessary. For those that needed adapted cutlery and crockery to help maintain their independence this was provided.

A relative told us that their family member had complex healthcare needs. They told us that he home was very good at "Caring for the individual and their unique needs." They added that staff had accompanied their family member to hospital recently and stayed with them to provide support.

People were supported to maintain good health and were able to access other services such as the local GP and dentist. The service had good links with other health care professionals to ensure people kept healthy and well. People had regular healthcare checks which were recorded and each person had a ''Care Passport'. This is a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital.

Good

Is the service caring?

Our findings

People were not able to communicate to us that they liked the staff who supported them but they could sign or indicate yes or no by nodding their heads. We asked people if they liked the staff. One person indicated they liked staff by smiling whilst another nodded their head. A relative told us that "My family member is well looked after. I visit at various times and it is always the same." They added they thought the people were "Well cared for by the staff." Another relative told us "The staff were all very friendly and they treat everyone with respect."

People were relaxed in the company of staff and the atmosphere in the home had a homely feel. We saw that staff offered support and care to people in a discreet and caring way which reflected that they treated people as equals. We saw one person being asked by staff if they wanted to go to their room to get changed into their outdoor clothes before going out for the afternoon.

People looked well cared for, with clean clothes, tidy hair and were appropriately dressed for the time of year. We saw that the people were given the opportunity to indicate that they wanted staff support or assistance and that the staff recognised this and reacted appropriately by either helping them or leaving them alone. We observed one person who had been sitting with staff watching TV indicating to the staff that they wanted to stand up and go for a "Wonder" around the service. The member of staff reacted appropriately and help the person stand and them took their arm and supported them to walk around the rooms and back to their bedroom.

The manager told us they were motivated about making a difference to people's lives and that it was important that the staff were respectful of people's privacy and maintained their dignity. We saw that people were treated with dignity and respect, and their independence was promoted by staff. We observed that staff supported people to access all areas of the home if they wanted to and were not restricted in anyway. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. We observed this happening on the day of the inspection.

The staff told us that where a person could complete an aspect of the care they would support them to do so. They said that the reality of the levels of disabilities the people had this was limited to small but meaningful task for example using a flannel to wash their own face or brushing their hair. One relative told us that they were always invited to their family members reviews and had help "Set up" their original care plan.

People's privacy was respected. We observed that staff respected people's space and knocked on bedroom doors and sought permission before entering. The home had a communal area that enabled staff to support people effectively without crowding their space. Staff told us that where people preferred to spend time in their rooms, they monitored them by frequently "Popping" into their rooms to ensure that they were ok and still wanted to remain on their own. The staff were mindful that checking on people should be done in a thoughtful way that balanced safety and their right to their privacy.

We saw that people's rooms were personalised which made it individual to the person that lived there. One bedroom was very brightly decorated with posters, family photographs and items that had some significance to them.

Staff told us they were passionate about the people they supported. Through our discussions with staff we saw staff were committed and empathetic towards people. Staff demonstrated a good understanding of people, their preferences and how best to support them. One member of staff sat very peacefully with one person just enjoying their own company. On another occasion we observed staff speaking to people in a caring and respectful manner.

Relatives and visitors told us they were free to visit when they chose to.
The staff were able to tell us about peoples interests, as well as their family life. This information was confirmed when we spoke with relatives. Staff were able to describe how to support people in line with the persons care plan. They knew how people liked to have their personal care or any specialist assistance people may need to participate in the home and access the local community.

The home holds regular meetings for the people who live their but the manager told us that these are limited because of the people understanding and levels of communication. The service ensures that relatives are included in the service and they hold meetings so that they can participate in the care planning for their family members. One relative told us that they are always invited to their family members annual care review or any other meeting that concerns their needs "To ensure that the care is still ok and what they need."

Good

Is the service responsive?

Our findings

Whilst people had access to a range of activities that met their social needs one person's spiritual needs were not being met. This person had moved into the service and had lost contact with their local church and those associated with it. The persons care plan had documented that their faith was important to them. The manager told us they would ensure that this was addressed as soon as possible. One relative told us that they enjoyed going to the home and to spend time with their family member especially if there was an event or an activity that they could all enjoy. One member of staff said "They (people) have a chance to meet other people when they are out; I think they have busy lives, they are always doing something."

Activities were organised based on what people liked to do. We saw one person who was engaged in table top activities working on their manual dexterity by manipulating shapes and wires to build items and structures. Another person had gone out with a member of staff into the local town to shop and socialise. When people moved into the home they had a pre-admission assessment completed to ensure that their needs could be met. From this a care plan was developed to include all aspects of their care and to ensure that people received the best possible care.

Care plans were detailed and covered activities of daily living with relevant information about personal preferences noted. They also contained information on people's medical history, mobility and communication. People's and essential care needs were included so that staff were aware of sleep routines, the type of care people wanted at certain times, and special dietary requirements and peoples social needs. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each person's current support and care needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes.
One person had been diagnosed as being in the early stages of dementia and that staff needed to monitor them to ensure that any changes were recorded and the care plans changed to reflect this. Their care plan had been updated to ensure that their needs were being effectively met and the staff team undertook specific dementia training to enable them to support them appropriately.

Care plans were also in the process of transition from one format to another new format introduced by the provider. The changeover of formats had not been fully implemented and as a result essential information was not always contained in the same folder and was sometimes difficult to access. We discussed this with the staff one told us that "It was not always easy to get the information" they needed to offer appropriate and timely support to people living at the home.

We saw in the daily care notes that staff updated them to ensure that other staff would be aware of any changes and activities that may have been introduced to support the person. Staff understood all about the health condition of this person and how best to support them. There was evidence that were there had been any changes identified the updates ensured staff were fully aware of the needs of the people they supported.
Daily records were written by staff throughout the day which included what people had eaten, drunk and what activities they had participated in. They also included detail about the support people received

throughout the day. On the day of the inspection we saw that a member of staff discussed the health care needs of a person who was at the time in hospital with the manager before they went off duty to ensure that they were up to date with their health needs.

Staff had a handover between shifts where they discussed any particular concerns about people to ensure that the staff coming on duty had the most current information. We were told by the deputy manager that this had been essential when the service was supporting one person who suffers from a recurring medical condition. Successful handover meetings ensured that this person was able to access medical assistance quickly when their condition worsened. In addition to handovers staff discussed people's care in team meetings, meeting minutes detailed the discussions that were had and whether any changes needed to be made to peoples care as a result. Where it had been identified that a person's needs had changed the updated care plans allowed staff to provide the most up to date care a person would require.

There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people who had difficulty reading to understand. The deputy manager told us that people would be supported by key workers to make a complaint if they were unhappy about any aspects of their care. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. The provider told us that they were developing a new complaints procedure that should be more accessible and "User friendly" for the people who live at the service. One relatives told us they would not hesitate to complain if they needed to and knew who best to speak to if they had concerns. They continued that "Staff are always open to my suggestion and concerns." At the time of our inspection we saw that no complaint had been raised or recorded.

Good

Is the service well-led?

Our findings

The service did not have a registered manager. The registered manager had moved to another location within the organisation and their replacement had been appointed and had applied to be registered by CQC. The new manager will have the management responsibilities for two locations within the organisation. The manager told us that the management of the service on day to day basis would be overseen in the interim by the deputy manager.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was available in the home.

Staff told us "I do feel valued, the manager is getting things done." There were regular staff meetings held where discussions were had between all staff about any suggested changes or improvements that were needed to be made. Areas discussed included parties that were being planned and various outings for people that were taking place. We looked at the most recent team meeting minuets and they clearly demonstrated an open discussion was held over a number of issues both in respect of care of the people who lived at the service or staffing and training needs. There was a discussion regarding the care and support one person would need when they were discharged from hospital and the additional training staff would have to obtain to keep this person safe. There was also an open discussion on planned environmental improvement that had been planned at the service and how they would support people during the work.

Systems were in place to monitor the quality of the service that people received. There was an operations manager who would visit the service to complete audits every other month to ensure that any concerns were identified and action taken to put right. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done.

For example it was identified that the carpet in one bedroom needed to be replaced we saw that this was confirmed to have been completed and the new flooring was ordered. In addition to this staff undertook essential internal audits to ensure the service was safe for people which included water temperature checks, checks of the first aid kit and emergency lighting. Where a fault had been identified in the service by staff steps were taken to address this. For example the door to the airing cupboard had been found to be damaged and had been recently repaired.

People were given an opportunity to make suggestions about things they would like to improve and change. Quality questionnaires for people and relatives had been completed in 2015 and the results analysed to make sure that improvements could be made. One relative had asked that improvements be made so that their family member always had enough to drink. This was acted upon by staff. There were several

compliments from people and relatives about the quality of the service which included "Outstanding care and respect shown to all residents by all members of staff."

There was a system to manage and report incidents and accidents. Staff told us they would report concerns to the registered manager and were confident these would be addressed. We saw incidents and safeguarding concerns had been raised appropriately, incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept which included immediate action taken. Relevant notifications had been received by the Care Quality Commission in a timely manner.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.

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 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 People were at risk because they required sedation prior to the district nurse taking blood and no best interest meeting had taken place to give consent.