

A Kilkenny

# Belper Views Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

# Summary of findings

## Overall summary

We inspected Belper Views Residential Home on 16 January 2017. This was an unannounced inspection. The service was registered to accommodate up to 25 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 24 people living in the care home.

At our last inspection on 8 March 2016 we found quality monitoring systems were inconsistent and ineffective and had failed to identify shortfalls within the service. The premises were not properly maintained and levels of cleanliness were inconsistent. Insufficient staff on duty at times meant people's care and support needs were not consistently met and the opportunity to pursue meaningful person-centred activities was limited. This represented a continuing breach under the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice and advised the provider of the timescale within which these shortfalls would need to be addressed.

During this inspection we found some improvements had been made but further improvements were still required. Improvements had been made with regard to the quality assurance systems in place to ensure that people received high quality, safe and effective care and support. Whilst improvements had been made, further time was required for the new systems and processes to become fully embedded.

People were not consistently supported to make decisions in their best interests. The registered manager, deputy manager and staff demonstrated a limited understanding of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs). Staff required additional support to fully understand and implement the principles of the Mental Capacity Act 2005. This represented a breach of regulations.

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

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained, competent and confident to meet their individual needs. People were able to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were opportunities for additional staff training specific to people's needs, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with

their line manager. Formal personal development plans, such as annual appraisals, were in place.

Up to date policies and procedures were in place to assist staff on how keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Improved quality assurance audits and a formal complaints process were in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who used the service, their relatives and other stakeholders.

## 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 by thorough recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people's care and support needs were met. Medicines were stored and administered safely and accurate records were maintained. Concerns and risks were identified and acted upon.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff required further support to enhance their understanding of the principles of the Mental Capacity Act 2005 (MCA). People mostly received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities. However, staff (including management) training in relation to the MCA was inconsistent and staff had only limited awareness of Deprivation of Liberty Safeguards (DoLS). People were able to access external health and social care services as required

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received. Individual care and support needs were regularly assessed and monitored, to ensure that any

changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

**Is the service well-led?**

The service was not consistently well led.

Systems had been implemented to monitor and improve the quality of the service provided. An action plan was in place to drive forward some improvements and further time was required for the new systems to become fully embedded in practice. Staff were valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. People were able to share their views about the service and improvements were made.

**Requires Improvement** 

# Belper Views Residential Home

## **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 was 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.

The inspection took place on 16 January 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for someone who used this type of care service.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make.

We spoke with 11 people who used the service, four relatives and one health care professional. We also spoke with two care workers, the domestic, the chef, the deputy manager, the registered manager and the provider. Throughout the day, we observed care practice, including the administration of medicines. We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

At our last inspection on 8 March 2016 we found quality monitoring systems were inconsistent and ineffective and had failed to identify shortfalls within the service. The premises were not properly maintained and levels of cleanliness were inconsistent. Insufficient staff on duty at times meant people's care and support needs were not consistently met and the opportunity to pursue meaningful person-centred activities was limited. This represented a continuing breach under the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice and advised the provider of the timescale within which these shortfalls would need to be addressed.

At this inspection we found there was enough staff to meet people's care and support needs in a safe and consistent manner. People, their relatives and a visiting health care professional we spoke with all said they felt staffing levels at Belper Views were adequate. This was also supported by staff who said they were satisfied with the number of staff deployed to provide people's care. One member of staff told us, "I think there are enough staff on duty and if, for any reason, we need more, the manager will sort it." The registered manager confirmed staffing levels were regularly monitored and were flexible to meet people's assessed care and support needs. They said staffing levels were also reassessed whenever an (individual's) person's condition or care and support needs changed, to their people's safety and welfare. This was supported by staffing (duty) rotas we were shown. Throughout the day we observed friendly, relaxed and good natured interactions between people using the service and members of staff. . People were smiling and clearly comfortable and at ease with the care staff, happily asking for help or support, as required. People told us they felt safe and very comfortable and said they had no concerns regarding their safety or welfare, They confirmed there was always staff available should they need any help or support. One person told us, "It's much better than it was. I've been to the pub for my lunch a few times." Another person said, 'I am very safe here. The staff do everything they can to make sure I don't fall. I had a few falls before I came here but I'm starting to get a bit more confidence now."

Relatives we spoke with felt reassured and confident their family member was well cared for and had no concerns regarding their safety and well-being. One relative told us, "My relative is much safer here. [Family member] has recently had a heart attack and they are very good about keeping an eye on [family member]. The doctor visits regularly which is good."

We found the provider usually operated safe and thorough recruitment procedures, but saw one file did not contain required employment references. Such safeguards are required to help establish an individual's suitability for the role of working with vulnerable people. We discussed the need for consistency in recruitment with both of the managers and the provider who assured us the verbal references had been obtained but these had not been followed up in writing. They said the person was an experienced care worker who was well known to the deputy manager. This meant there was no risk to the safety and welfare of people using the service. In other staff files we looked at, all necessary procedures had been followed, as required, including the completion of application forms with full employment history, relevant experience information, eligibility to work and reference checks. We saw that before staff were employed, the provider had requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as

part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

We looked at the management of people's medicines, including the provider's policies and procedures. We observed medicines being given to people. administered. We saw the medication administration records (MAR) for people who used the service had been completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people had annual medicine reviews. These were carried out in consultation with the local GP) and ensured people's prescribed medicines were appropriate and reflected their changing needs. This demonstrated medicine were managed safely and consistently

People were protected from avoidable harm and abuse as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. Staff had completed relevant training in safeguarding vulnerable adults from harm or abuse and received regular refresher training, as necessary. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us that because of their training they were far more aware of the different forms (types) of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about poor or unsafe care practice and were confident (any such concerns) this would be taken seriously and acted upon.

All areas of the premises were well maintained, clean and readily accessible. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required. This demonstrated people were protected as the provider had ensured the environment was safe and appropriate arrangements were in place to deal with unforeseen emergencies.



# Is the service effective?

## Our findings

People were not being appropriately protected under The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that improvements were required and action was necessary to support the staff's awareness and understanding of the MCA.

The 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 found no evidence that where people may lack mental capacity to make specific decisions about their care a MCA assessment had been completed. The deputy manager said they were aware that the MCA was not fully being adhered to. They told us, "We don't do mental capacity assessments, that's the doctor I think." We asked them if anyone had been assessed as lacking mental capacity to make an informed decision. They said, "I don't know – I don't think so."

The service was not working within the principles of the MCA. We found the deputy manager and staff had only limited knowledge and understanding of the MCA and DoLS and had received inconsistent training in this area. Training records we looked at showed that the registered manager and deputy manager had not updated their MCA/DoLS training since March 2012 and two members of care staff had not received training since 2009. As a result of this, people were not protected; their capacity to make informed decisions or give consent was not appropriately assessed and staff did not act in accordance with the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can 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 registered manager told us there was one application for a DoLS authorisation had been submitted, although they were still awaiting a response from the local authority. There was no documentary evidence of any best interest meeting being held or decisions taken to show what had been agreed in the person's best interests. These are requirements of this legislation to ensure people's liberty and freedom is appropriately protected.

Due to the limited understanding of some staff, people's capacity to make certain decisions was not always considered in care assessments. This resulted in inconsistencies in the level of support people received regarding making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and

gained consent from the individual before carrying out any personal care tasks.

People and their relatives spoke positively about the service and were confident in the staff and the support they provided. They said they considered staff to be "competent," and, "well trained." One person said, "The staff here are just brilliant. I think most of them have been here a long while and they all know what they're doing." Another person told us, "Nothing is too much trouble for them (the staff). We get everything we want."

Staff were generally positive about the training they had received. However one member of staff described the benefits of face-to-face group sessions as opposed to the on-line training. They told us, "Training is alright here but I prefer it when we do it together and can discuss and learn from each other's experiences." This view was shared by other staff we spoke with. One person told us, "I think you learn a lot more in groups, when you can ask questions, rather than just sitting in front of a computer, which we do quite a lot." Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia.

We discussed the issue of staff training, including management training, with the registered manager and provider. They understood the importance of updated training, to help ensure best practice, and acknowledged there had been an increase in the use of e-learning over recent months. They said this was mainly due to "Local authority cutbacks" which had resulted in fewer training places being made available. The provider and registered manager gave us assurances they would research alternative staff and management training providers. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice.

Staff said they felt confident and well supported in their roles both by colleagues and the managers. One member of staff told us, "[The registered and deputy manager] are both very hands on; they get stuck in and are very supportive. Another member of staff told us, "They are always there for us and will always roll their sleeves up and help us out if we need them." Staff confirmed they received regular supervision –in confidential one to one meetings with their line manager, - which gave them the opportunity to discuss any concerns or issues they might have, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "We discuss any training or anything we need in supervision."

People were supported to maintain good health and told us they were happy regarding the availability of external health professionals, whenever necessary. One person told us they could see the doctor whenever necessary. This was confirmed by a visiting healthcare professional, we spoke with during our inspection, who was carrying out their weekly visit to the service. We saw all such visits from healthcare professionals were appropriately recorded in individual care plans.

We observed people's mealtime experience at lunchtime in the dining areas and saw, where appropriate, people received support from staff with eating and drinking. People who used the service and their relatives spoke positively about the standard of meals provided and the choice available. One person told us, "The food is smashing and there's always plenty. I have no complaints." Another person told us, "There is a good choice at mealtime. Most people have the same thing but you don't have to." This demonstrated people were supported to have sufficient to eat and drink.

# Is the service caring?

## Our findings

People and their relatives spoke very positively about the caring environment and the kind and compassionate nature of the registered manager, the deputy manager and staff. People spoke enthusiastically about the care they received and were satisfied and confident the staff were kind and caring. One person told us, "Nothing is too much trouble for them (staff). They are all very kind and we get everything we need." Another person told us, "[The staff] know that this is our home and they respect that. I don't feel as though I've been dumped because that's what I was afraid of when I came here."

During our inspection we spoke with a visiting health care professional who had been involved with people's care at the service for many years. They said they and their colleagues enjoyed coming to Belper Views, which they described as a "homely and caring environment." They said they had confidence in the experienced registered manager, deputy manager and staff team. They also said they felt the established staff knew the people well, were aware of their care needs and had developed good working relationships with them.

People told us that staff were caring and respected their privacy and dignity. Staff understood the principles of privacy and dignity and had received relevant training. We observed staff speaking respectfully with people calling them by their preferred names. They also checked that the person had heard and understood what they were saying. We saw staff knocked on people's doors and waited before entering. We also saw people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

However, during the morning, we observed an example of poor practice, which certainly did not promote dignity or respect. A staff member entered one of the communal lounges and without saying hardly a word proceeded to shave two people with an electric shaver, in front of other people sat in the room. One person was sitting reading a newspaper and the staff member went to them and said, "Right [name] let's get you shaved." The person appeared to be startled by this abrupt approach and was not asked for their consent. We later discussed this incident with the registered manager and provider who both acknowledged this was inappropriate and disrespectful to the individuals concerned. They assured us this would be addressed with the individual member of staff concerned and discussed, as a broader issue of dignity and respect, at the next staff meeting.

We saw people received care and support from staff who knew and understood their needs. Staff we spoke with were aware of the importance of consistency and continuity of care and confirmed the service did not use agency staff. During the day we observed staff spending time with people, watching out for them, patiently assisting them when necessary and calmly and cheerfully responding to their needs. We saw care staff discreetly supporting people and ensured their privacy and dignity when providing personal care. We observed staff were engaged in friendly and good natured interaction with people, commenting on what they were doing, checking they were alright and exchanging light hearted banter. We saw people responded positively, often verbally but occasionally just with a smile and they were clearly relaxed, happy and comfortable with the staff.

Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed staff involved and supported people in making decisions about their personal care and support. We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another area of the service. This demonstrated how staff cared for and supported people with kindness and consideration.

We found people were regularly consulted, their needs were assessed and their care and support was planned and delivered in line with their individual care plan. We saw that comprehensive assessments were completed that described people's care needs. A profile was also placed at the front of people's care record summarising their needs and personal preferences. This summary was written in a 'person-centred' way, which helped ensure it was individualised and highlighted what was important to the person. Risks that could affect people were identified and we saw assessments were in place relating to moving and handling, the risk of falls, pressure sores and poor nutrition. We saw information was available in care files about any health conditions or disabilities including about strokes, dementia and diabetes. This meant people's care and support needs were met in a structured and consistent manner.

## Is the service responsive?

### Our findings

At our last inspection, in March 2016, we found a significant lack of social stimulation or meaningful and personalised activities. At this inspection we found some improvements were made. and personalised recreational activities for people. At this inspection, we found the situation had improved; an activities coordinator was employed – although currently only for three hours a day, three days a week – and a programme of activities had been implemented.

People we spoke with told us about activities that had been introduced, since the last inspection, including quizzes, dominoes and a beetle drive. They also said there were armchair exercise sessions, if people preferred. One person told us, "It's really good and [the activities coordinator] is trying her best. The trouble is that some of them don't want to know. They just want to sit and do nothing." Another person told us, "I like to read and watch TV but there's nothing much else to do." A relative we spoke with told us, "Things are much better than before." Another relative we spoke with told us, "This place is very good. The only thing is; I wish my relative had a few more people to talk to. A lot of the people here just sleep in their chairs all day and the TV is blaring out. I think he gets a bit fed up sometimes.)"

We later discussed the importance of providing care and support that actively reflected people's individual needs and preferences, in relation to their physical health and emotional well-being. The provider gave us assurances that personalised activities for people, both group and individual based, would be addressed as a priority and further resources would be made available, as required. .

People received personalised care and support that reflected their wishes and met their needs. People we spoke with said they were supported to make choices about their day to day lives and staff were aware of and responsive to their individual care and support needs. They also said staff knew and respected their wishes and preferences and they had the freedom to do as they chose. One person told us, "This is such a lovely place. I feel blessed because I am so well cared for. I can please myself what I do. I can come and go as I please as long as I tell them. I'm in a choir every Monday and I like to go out and buy my fruit."

The registered manager explained people's individual care and support needs would always be assessed before they were admitted, to establish their suitability for the service and, "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. This was supported by pre-admission assessments in individual care plans we looked at. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected.

People's care and support plans were personalised to reflect their identified wishes, preferences, goals and what was important to them. They contained details of people's interests, likes and dislikes and information for staff regarding how they wanted their personal care and support provided. Staff we spoke with emphasised the importance of knowing and understanding people's individual care and support needs.

This helped ensure staff could respond appropriately and meet people's needs in a consistent manner.

The staff we spoke with had all worked at the service for many years. Consequently they knew people well, including their likes, dislikes and personal preferences for how they wished their care to be delivered. Individual care plans, including risk assessments, we looked at had been developed from the assessment of the person's identified needs. They contained personalised details regarding their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly, by the registered manager, to ensure they accurately reflected people's current and changing needs. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People and their relatives told us they knew how to make a complaint if necessary and felt confident that any issues or concerns would be listened to, acted upon and dealt with appropriately. There was a complaints policy and procedure in place and staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The deputy manager told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. However they confirmed they had received no formal complaints since the previous inspection.

## Is the service well-led?

### Our findings

At our last inspection on 23 March 2016 we found that some improvements had been made but further improvements regarding effective quality assurance monitoring were still required. The systems in place were ineffective and had failed to consistently assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this, a warning notice was issued regarding the provider's failure to comply with Regulation 17 (Good Governance) and the service was required to become compliant by 30 July 2016.

At this inspection we found the necessary improvements had been made to rectify the breach. This included the implementation of a comprehensive health and safety checklist. We saw this audit had most recently been carried out in December 2016 by the registered manager and deputy manager. However the quality monitoring systems had failed to identify shortfalls in staff training related to MCA and DoLS. We saw there were gaps in the recording process and little evidence of actions taken to address identified shortfalls. Other audits we saw had been completed related to care plans and medicine administration records.

We received assurances by the registered manager and the provider that the new quality monitoring systems would be regularly maintained to help drive continuous improvement and help ensure people received safe, good quality care and support. The provider said they were committed to make any further improvements necessary to "move the service forward" and help ensure the safety and welfare of people who used the service. They told us, "I know we're not there yet but I'm working on things. I'm thinking of getting a consultant in for a couple of days to go through all the processes, including care plans and record keeping, to show us the best way forward. I'm also thinking about some formal management training for the manager and deputy and will be contacting Skills for Care."

People spoke positively about the registered manager and said they liked the way the service was run. We saw the provider and both managers were visible around the premises during our inspection. They were clearly popular and well known to people and their relatives, who told us they were, "friendly" and, "approachable." Throughout our inspection there was a relaxed and comfortable atmosphere within the service and we were made to feel welcome. Two relatives we spoke with told us, "We've seen the manager a few time and found her to be very approachable. We have no concerns about the management at all."

Staff also said they had confidence in the way the service was managed and described the registered manager and deputy manager as "approachable" and "very supportive)." We saw evidence of staff receiving regular formal supervision and annual appraisals. Staff told us they were encouraged and enabled to share ideas for the benefit of people who used the service. They were aware of their roles and responsibilities for people's care to the people they supported and said they would have no hesitation in reporting any concerns. They were also confident any issues or concerns raised would be listened to, and acted on appropriately. Staff told us they felt supported and were able to approach the management team about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to raise any concerns they may have about the safety of people's care.

The registered manager understood their responsibilities in relation to the requirements of their registration with the Care Quality Commission (CQC) for how the service is run. They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. This demonstrated the registered manager worked in accordance with the requirements of their registration with the CQC.



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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were not protected; their capacity to make informed decisions or give consent was not appropriately assessed and staff did not act in accordance with the MCA.</p>