Hedges House Residential Care Hotel Ltd

Hedges House Residential Hotel Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was carried out on 4 March 2016 and was unannounced.

Hedges House is a care home situated near the centre of Lytham. It provides residential care for up to 34 people. The building has three floors which are serviced by a passenger lift. All accommodation is offered on a single room basis. There are a range of communal lounges including a conservatory.

At the time of the inspection there were 30 people who used the service.

The last inspection of the service took place 21 May 2014. At that time the service was found to be compliant with all the regulations assessed.

Most people, (all apart from one) we spoke with expressed satisfaction with the service provided at Hedges House and spoke highly of staff and the registered manager. People told us that staff were kind and caring and had a good understanding of their needs.

Care workers we spoke with demonstrated a good understanding of people's needs and how to support them in a safe manner. We found that one person who had been admitted to the home several days earlier did not have a completed care plan in place. However, one of their relatives expressed satisfaction with the level of discussion that had taken place with the registered manager about their loved one's needs. We made a recommendation about recording such discussions in the future.

People told us they were treated with dignity and that their rights were respected. The registered manager and staff had awareness of the Mental Capacity Act 2005 (MCA) and processes to follow in the event that a person they supported was not able to consent to an aspect of their care or accommodation. However, we found some examples where decision specific mental capacity assessments had not been carried out. This meant that the rights of people unable to consent could be compromised.

The management of people's medicines was generally satisfactory, but improvements were required in relation to medicines records and medicines audits. We made a recommendation about this.

Staff spoken with expressed satisfaction with the service and felt they were well supported. However, we found that some of the required training programmes were out of date and that formal supervision had also fallen behind. The registered manager had identified this issue and was taking steps to address it. We made a recommendation regarding the future monitoring of these areas.

Staff were aware of their responsibilities to protect people who used the service from abuse and improper treatment and were confident about reporting any concerns in relation to the safety and wellbeing of people who used the service. In general the policies and procedures of the home helped to protect people's safety, but we made a recommendation about ensuring robust monitoring of any private arrangements entered

into by people who used the service.

The registered manager worked closely with staff and monitored standards on an ongoing basis. However, audit systems were not properly formalised. This meant there was a risk of some aspects of the service not being properly monitored for safety and quality. Following the inspection the provider made arrangements to obtain advice from an external organisation about making improvements to audit systems.

People expressed satisfaction with the quality and variety of food provided at the home. We saw that arrangements were in place to help ensure that people's individual preferences and wishes were met.

Whilst the feedback we received about activities was varied, we saw there was an activities programme in place, which included a variety of regular events. Efforts were made to involve people who used the service and their families in the running of the home, by way of residents meetings and regular open events.

People were enabled to express their views and raise concerns. People told us they felt comfortable in approaching the registered manager and were confident any concerns raised would be dealt with in an appropriate way.

People who used the service were provided with a good standard of accommodation. The home was well maintained, well-furnished and comfortable. There were a variety of pleasant areas for people to spend their time, including a safe outdoor space, a sunny conservatory and a pleasant reception with a well-stocked bar.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to consent to care and treatment. You can see what action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were aware of risks to people's health and wellbeing and the action they should take to protect them from harm. However, risk assessments were not always completed or in some cases were completed but did not include clear guidance for staff about how to support people in a safe manner.

The management of people's medicines was generally satisfactory, but improvements were required in relation to medicines records and medicines audits.

People received their care from carefully recruited staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The rights of people who did not have capacity to consent to their care were not fully protected because the service was not always working in accordance with the Mental Capacity Act 2005.

People's health care needs were managed well in partnership with community professionals.

More effective arrangements to monitor staff training and supervision were required to ensure all staff received adequate training and support.

Is the service caring?

Good

The service was caring.

People spoke highly of the care staff and told us they were treated with kindness and respect.

People's care was planned in accordance with their personal needs, wishes and the things that were important to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Not everyone's care plan contained clear guidance for staff about how to support them.

People were encouraged to express their views about the running of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems for monitoring quality and safety across the service required development to help ensure potential improvements could be identified and addressed in a timely manner.

There was a well-established management team in place, who people felt were approachable and supportive.

Hedges House Residential Hotel Limited

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.

The inspection took place on 4 March and was unannounced.

The inspection team was made up of two adult social care inspectors.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with ten people who used the service and three visiting relatives or friends. We also had discussions with the registered manager, three care workers and the cook. We had feedback from one community professional and also contacted the local authority contracts team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We closely examined the care records of five people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four

staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and told us they felt safe living at Hedges House. People's comments included, "We feel safe because you see the same staff all the time and you feel comfortable with them." "There is a bell by my side and you can summon help." "I feel [name removed] is very safe and well looked after. I have no concerns whatsoever."

When viewing people's care plans we saw that a range of personalised risk assessments were in place. These covered a variety of areas such as falling, skin integrity and moving and handling. In some examples, we saw that where any risk had been identified, there was clear guidance for staff in how to support people to maintain their safety. For example, we viewed the care plan of one person, which contained a risk assessment determining they were at high risk of falling. We saw that a range of measures had been put in place to protect the person from harm, including increased observations and the use of a pressure mat, so staff would be alerted if the person attempted to mobilise without support.

However, we did find that some risk assessments in relation to areas such as nutrition, were not present in some care files. In addition, we found that some risk assessments had been completed, but did not contain guidance for staff about actions they should take. We were satisfied however, through discussion with staff, that they were fully aware of the actions needed to maintain people's safety and protect them from harm. We observed staff supporting people in a safe and competent manner.

At the time of the inspection PEEPS (Personal Emergency Evacuation Plans) were being produced for each person who used the service. This was to help ensure that the necessary information to evacuate people quickly and efficiently was readily available, in the event of an emergency.

Staff spoken with understood their duty to protect people from abuse and improper treatment. They knew what action to take in the event of having concerns about the safety and wellbeing of any person who used the service. Staff told us they were confident that any concerns they raised with the registered manager or provider would be dealt with appropriately and were also aware of the roles of other agencies, such as the local authority.

There was a clear safeguarding policy and related procedures in place which all staff had signed to confirm they had read and understood. Whilst staff demonstrated a good understanding of safeguarding procedures, records showed that only half the staff team had received up to date refresher training in the area. This was raised with the registered manager who advised that she was in the process of making arrangements for the remaining staff to receive refresher safeguarding training.

During the inspection we became aware of a situation whereby a service user and their relative had entered into an agreement with a staff member to provide some additional privately arranged support. Agreements had been made about payments for this support and monitored by the registered manager. Whilst neither party had any complaint about this arrangement, we recommended that a clear policy and robust monitoring procedures be implemented regarding any such arrangements that may take place in the future,

to ensure that all parties would be protected.

One person who used the service was supported to manage their own medicines. We were able to confirm that there was a suitable risk assessment and guidelines in place, to help ensure the person received the necessary support to manage their medicines safely.

Staff at the service managed the majority of people's medicines. People expressed satisfaction with the way this was carried out. One person commented, "They give me the tablets at each mealtime without fail." Another said, "I ask for my medicines and they bring them."

People's care plans contained a list of their prescribed medicines. For any people who were prescribed medicines on an 'as required' basis, there was clear instructions for staff about when these medicines should be given. This helped ensure people received their medicines when they needed them.

We viewed the medicines stocks and found these were generally well organised. However, we found that some parts of the medicines storage area, namely the drugs trolley, was in need of a thorough clean. There was suitable storage in place for controlled drugs. Items with a limited shelf life such as eye drops, were dated upon opening to help ensure they were disposed of within the correct timescales.

The quality of record keeping in relation to medicines was variable. Some we saw were of a satisfactory standard. However, we found some examples were missing important information about people, such as their photograph or allergy status. We also found some medicines administration records to contain hand written entries, which were not witnessed or counter signed.

We saw some good examples of well detailed records however, in relation to topical applications such as creams or ointments. These included body maps with clear instructions for staff about how and where on the body the treatments should be applied.

Where people were prescribed medicines at a variable dose, instructions were clearly recorded. There were records in place to monitor stock on an ongoing basis, which helped ensure any errors would be identified straight away. We carried out several checks of variable dose stocks against the home's records and on each occasion found the balances to be correct.

However, we found that balances of medicines that had been brought in by new residents or people staying at the home on a short term basis, had not been booked in, which meant it was not possible for the manager to carry out a thorough medicines audit.

Everyone we spoke with except for one person, was satisfied there were enough staff deployed at the home to provide a safe service. The one person who did not feel this was the case, raised concerns about night staffing levels at the home because they felt the current night staffing levels were not always sufficient to meet people's needs. This was discussed with the registered manager who was not aware of any problems, but agreed to look into the matter further by meeting with all night staff and residents to discuss the issue.

Comments of other people included, "There seems to be enough staff. I can always get hold of someone." "I have a call bell. There is normally a quick response."

We viewed a variety of staff personnel files. We saw that formal recruitment procedures were followed, which helped to ensure people employed had the appropriate skills and knowledge and were of suitable character.

In all cases, we found that appropriate background checks had been carried out. Candidates had been required to provide a full employment history and undergo a DBS (Disclosure and Barring Service) check, which would show if the person had any criminal convictions or had ever been barred from working with vulnerable people. References were also taken up which, where possible, were from people's previous employers.

We carried out a tour of the home and found all areas to be clean and safe. There was a cleaning schedule in place, which was regularly monitored to ensure it was properly completed. We saw adequate supplies of PPE (Personal Protective Equipment) was available for staff and throughout the inspection, observed staff following appropriate infection control procedures.

A variety of certificates were available to confirm that facilities and equipment within the home were checked on a regular basis. For example, fire equipment, water temperatures and electrical appliances. This helped to protect the health, safety and welfare of people who used the service.

It is recommended that clear guidelines and robust monitoring procedures are implemented in relation to any person who uses the service entering into private arrangements for additional support.

It is recommended that the home's medication policy and procedures are reviewed to ensure they reflect the NICE guidance 'Managing Medicines in Care Homes.'

Requires Improvement

Is the service effective?

Our findings

People we spoke with expressed confidence in the staff team to provide effective care. One person told us, "The staff know what they are doing." Another commented, "They [staff team] seem very competent to me."

Records showed that new staff were provided with induction training and the opportunity to shadow more experienced staff at the start of their employment. In discussion the registered manager advised that new induction procedures had been implemented in line with the nationally recognised care certificate and going forward, each new staff member would be required to demonstrate competence in each aspect of the care certificate, which would be overseen by her.

The majority of the staff team held nationally recognised qualifications in care. Records showed that all but three of the staff team had obtained these.

When viewing records of mandatory training we found that some staff members were not fully up to date. Training records showed people's updates in first aid, health & safety, fire, food hygiene and infection control were out of date. We saw that the registered manager had recently purchased workbooks for staff to rectify this situation. The home had also run a moving & handling update in February 2016 and a First Aid Awareness course was planned for March.

One member of Staff told us they had received no training since 2013. She went on to say she tried to keep updated with mandatory training via e learning. We also found that not all staff members had received regular, formal supervision and appraisals. However, most staff had received supervision in the previous weeks and had been advised this would now be provided on a regular basis.

People we spoke with were satisfied with the support they received to maintain good health. One person commented, "They get a doctor in immediately if I am not well." "We tell the manager if we are unwell and she comes to see what is the matter."

When viewing people's care plans we saw that there was a good amount of information about their medical histories and any medical conditions. We also saw good evidence that staff at the home ensured people received support from community health care professionals when they needed it.

Through reading records of professional visits within people's care plans, we were able to determine that staff worked in a positive manner with a variety of community professionals, such as district nurses, GPs and mental health workers. We received positive feedback from one of the professionals we contacted, who described the registered manager and staff as helpful and cooperative and told us they were confident any advice they gave, was incorporated into people's care plans.

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

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated a good understanding of the MCA and the measures that must be taken to ensure the rights of people who were unable to consent to any aspects of their care or support were protected.

We saw that the registered manager had made appropriate applications for DoLS authorisations and was awaiting the outcomes of these from the local authority. However, in some examples we could not find a supporting mental capacity assessment to support the applications.

We observed care workers obtain consent from people before providing care and those we spoke with told us they were always asked for their permission by staff prior to care being provided. However, some of the care plans we viewed did not include written consent from the person or an appointed representative.

Staff spoken with were aware of the MCA and showed a basic understanding of their responsibilities under the act. However, records showed no formal training had been provided in the area. The registered manager advised us this was being addressed and that training in the area was being sourced.

These finding demonstrated a breach of regulation 11(1)(2) &(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's nutritional health were assessed within their care plans. We were able to determine that appropriate action was taken when any risks were identified, such as close monitoring of people's weight and intake. We viewed the care plan of one person who had experienced some weight loss and had a low appetite. We saw they had been well supported by staff at the home and community professionals.

We spoke with the cook about how they supported people with any specific dietary needs. The cook described good arrangements to ensure people with conditions such as Coeliac Disease or Diabetes were supported. Some people received supplements and/or fortified drinks. The cook had also prepared an individual diet for one person who did not eat red meat.

This information was supported by our discussions with most people who used the service, and their relatives. One person said, "The cook has gone out of her way to do a separate menu for him. She wants him to get the proper nutrition. She updates it every now and again." However, another person who had specific dietary needs told us they felt dissatisfied with the choices available to them.

The feedback from people we spoke with during the inspection about the provision of food was positive. People who lived at the home told us they enjoyed the food. Their comments included, "The food is excellent. We have a choice of two options. We were asked what we wanted this morning. There is sometimes too much food!" "The food varies each day. She [the cook] makes sure you don't get the same thing day after day. You can have as many drinks as you like. You can have a full breakfast if you want it."

The cook advised us that she met with all new residents to discuss their dietary needs and that the manager informed her about any changes to people's needs or preferences. We also saw that the cook met with residents on a regular basis to discuss menus. We found her to be very knowledgeable about people's needs.

One of the inspectors joined residents for lunch. We saw that the dining room was nicely set and the food served was well presented. People appeared to enjoy their lunch and we saw that any person requiring assistance to eat their meal was provided with this in a discrete and dignified manner.

A tour of the home showed that people who used the service were provided with a good standard of homely accommodation. We found all areas of the home to be clean, comfortable and well maintained.

All accommodation was provided on a single room basis. People were able to have a key to their bedroom if they wished to and if this was appropriate for their needs. There were two lounges, a dining room, an accessible garden and a spacious reception area with a bar. We saw clear signage on bathroom doors and people's names on plaques beside bedroom doors in small print. We discussed with the registered manager, the possibility that some people, such as those who lived with dementia, may benefit from having their picture or other visual aid, such as a personalised memory box to help them identify their bedroom.

It is recommended that effective arrangements to monitor training and supervision are implemented to help ensure all staff receive adequate training and support within the correct timescale.

Good

Is the service caring?

Our findings

People we talked with spoke highly of care workers and the standard of care they or their loved one received. People's comments included, "It is very good. The staff are very nice and care for us." "Nothing is too much trouble for the staff." "The staff are all friendly." "When I need help I get it. It is very good." "It is excellent. I'm very happy to have [name removed] here. [Name removed] is looked after well. The staff are extremely good. They treat everyone with the utmost respect."

A community professional told us, "I think it is a very caring home. The staff are always very good with people from what I see."

We observed staff interacting with people and providing support throughout the day. Our observations were positive. We saw care staff respond to people's requests for assistance quickly and in a sensitive manner. Staff were kind and patient when supporting people and took time to support people at their own pace.

We observed consistently good humoured interaction between staff and residents. Staff were very patient with people's choices of food over lunch and tried hard to encourage people to eat.

We saw that care workers approached people in a respectful way and we saw that people's privacy and dignity was respected. For example, staff knocked on people's doors before entering and discussed their needs in a discrete manner.

Staff were knowledgeable about people's needs and the support they required. They were aware of people's individual choices and wishes about how they wanted to be supported and spoke about people they supported with compassion and in a respectful way.

We saw that people's rooms were bright and airy and were personalised with pictures, photographs, blankets, plants & ornaments. The main lounges were warm, airy & well lit with a television on at low volume. People were sitting in comfortable chairs with blankets, at angles conducive to conversation.

Most people's care plans indicated that they and their families were involved in their development at the time of their pre-admission assessment. Care plans included details of people's life history, personal choices & preferences and personal support needs.

People told us they could maintain a routine of their choosing. For example, in terms of getting up and going to bed. One person said, "I get up when I want to, go to bed when I want to. If I get up at 6.30 they bring me a cup of tea. I like where I am. It suits me."

People's daily records demonstrated that many families visited regularly and were kept informed about important matters. We observed family members visiting during the day without any restrictions. They were made welcome and offered drinks. Visitors told us they found the home to be welcoming and comfortable.

The registered manager and staff were aware of the purpose of advocacy services and how to advise people who may wish to access them. Written information was also available for people about local advocacy services available. An advocate is an independent person who can assist people to express their decisions.

Requires Improvement

Is the service responsive?

Our findings

We viewed a selection of care plans and saw that a care needs assessment was usually carried out prior to a person's admission. This helped the registered manager to determine if a person's needs could be met at the service prior to offering them a place.

We viewed the records of one person who had been admitted several days prior to the inspection. We found that the person's care plan had not been fully completed. We discussed this with the registered manager who showed us that the plan was in development. This was also confirmed by a relative of the person who told us she was satisfied with the discussion that had taken place in relation to her loved one's needs. It is recommended that records of such discussions are maintained whilst a full care plan is in development.

We viewed a selection of care plans and found these addressed people's daily care needs, preferences and risks to their health and wellbeing. We found some examples of good person centred information about people's preferred daily routines and the things that were important to them.

We also saw that changes in people's needs and circumstances were recorded well along with any changes in care they may require. Temporary care plans were implemented during times of illness for example, to help ensure staff understood the support people required.

We did find some examples where information about the support people required could be improved upon. For example, we viewed the plan of one person who had some complex needs and behaviours. We saw that some aspects of the person's needs were not clearly recorded and there was no guidance for staff about how to respond to them in certain circumstances. However, the registered manager and staff demonstrated a good understanding of the needs and wishes of people they supported.

We received mixed feedback about the activities provided at the home. Some people expressed satisfaction and their comments included, "There seems to be plenty going on if you want to take part." "It's a nice, busy place." And "We have a woman come in for chair-obics, quizzes, games and singing in the evening." Some people described trips out to the local park and shopping centre.

However, other comments we received were, "[Name removed] gets a bit fed up and bored sometimes." And, "I'm not sure there is enough to do. More mental stimulation would be nice."

There was an activities programme in place which was overseen by a dedicated coordinator. We saw the programme was varied and included activities such as singalongs, quizzes and chairobics. Celebrations for events such as The Chinese New Year, St Patricks Day and the Queen's Birthday had also taken place or were in planning.

We also heard there was an evening entertainer who visited on a monthly basis and a PAT dog who was very popular with the residents. On the day of the inspection a member of the local church was in attendance providing communion for those who wished to take part. The activities coordinator explained that she

encouraged families to take part in some of the activities and this had been very successful recently during the weekly quiz, which was held in the evening.

There were a number of ways in which the registered manager attempted to involve people who used the service and their loved ones in their care and the running of the service. Family members were invited to take part in open days and celebration events and the weekly quiz.

Newsletters were sent to people and their families twice each year. These contained useful information about daily life at the home. In addition meetings for people and their family members were held on a periodic basis. We saw minutes of these meetings and noted that discussions took place about subjects, such as activities or home improvements. We also noted that the cook at the service met with people regularly to discuss menus and gather people's views on the quality of meals provided.

There was a complaints procedure in place which gave people advice about how to raise concerns. People we spoke with were aware of the complaints procedure and told us they would be comfortable to raise concerns should the need arise. One person said, "I would approach a carer with any concerns."

Requires Improvement

Is the service well-led?

Our findings

There was a well-established management structure in place, which included a long term registered provider.

Everyone we spoke with was aware of the structure and who to speak to if they had any concerns. People were also familiar with the providers and told us they visited often to speak with people who used the service and staff.

We received positive feedback about the manager of the home. People's comments included. "Nothing is too much trouble for the manager." "[The registered manager] is always very approachable. I would have no hesitation in speaking with her if I had any concerns." "The manager is in the office and you can approach her. We are really happy here."

The community professional who shared their views with is felt the home was well run. She told us, "I feel [registered manager] is always aware of what is happening with individual residents."

Staff said they were confident in the abilities of the home manager. They felt they could approach her with concerns and she would take action and support them. They told us they enjoyed working at the home. "I feel supported. I can tell the manager anything and things will be resolved."

The registered manager advised us she found the provider to be supportive and confirmed that the necessary resources to run the home effectively were always provided. We saw that the home was well maintained and it was confirmed that a rolling programme of maintenance was in place to ensure this remained the case.

There was a low staff turnover at the home with some care workers having worked at the home for many years. One staff member commented, "It is a good team here. Everyone works well together and we all want the best for the residents."

Staff reported a positive culture within which they could express their views and make suggestions. One staff member descried how she was always supported by the registered manager to implement her ideas for activities at the home.

Care workers felt they could raise concerns and were of the opinion the registered manager and provider would be supportive in this event. One carer commented, "I know if I went to [registered manager] with anything it would get sorted out."

The registered manager worked closely with staff and demonstrated a good understanding of all the people that used the service and their care needs. The registered manager was aware of the need to monitor quality across the service and we saw that she did so on an ongoing basis when working alongside staff.

However, systems to monitor safety and quality across the service were not formalised. There were some audits in area such as care plans and medicines but we found these were sporadic and not always completed. Other areas such as staff training and supervision were not formally audited.

We discussed the benefits of a formal audit schedule, which would help ensure that all areas of the home were regularly assessed and as such, areas of improvement identified and addressed. The registered manager and provider commenced arrangements to improve their quality assurance systems immediately and arranged the input of an external quality assurance company to assist them. We were advised that the company would carry out an external audit on a regular basis, as well as assist the provider and registered manager to implement their own internal ones.

Accident records were fully completed, and a register maintained to provide the registered manager with an overview of the frequency and circumstances of accidents. This helped to ensure that any themes or patterns could be identified and acted upon to help prevent future incidents.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that suitable mental capacity assessments were carried out prior to making decisions on behalf of people unable to consent to an aspect of their care or accommodation.