Leonard Cheshire Disability

Westmead - Care Home Physical Disabilities

Inspection Report

Westmead Close
Saunton Road
Braunton
Devon
EX33 1HD
Tel: 01271 815195
Website: www.lcdisability.org

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Overall summary

Westmead is registered to provide care and support for up to 19 younger adults with physical and learning disabilities. It is situated in Braunton, North Devon. At the time of our visit there were 18 people living at the home.

The home does not have a manager registered with the Care Quality Commission. However, the current manager, who had been in post for four months, was currently applying.

People we saw and spoke with confirmed that they felt safe and supported by staff at Westmead and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: "I feel safe here" and "I feel safe with the staff." They felt their human rights were upheld and respected by staff. Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they may have within the organisation. However, staff were less sure about who outside the organisation they could contact, such as the local authority. This posed a risk that staff would not respond appropriately to concerns in a timely manner outside of the organisation to protect the people in their care.

People said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. On the whole, care plans reflected people's health and social care needs.

People felt that they needed different solutions to help them open their bedroom doors to maintain a greater degree of independence.

On one occasion we saw that a person was due to have a mental capacity assessment due to their ongoing health needs. Health and social care professionals felt that the person did not understand the risks that were apparent. In light of this, we did not find any risk assessment and the care plan for skin care was lacking in detail and was not up to date in light of the concerns identified. Staff were aware of this person's risks and how they needed to manage them. However, there was a risk that a newer member of staff would not know this and when accessing information about this person's needs through their risk assessments, they would not necessarily be able to determine how best to support them in a safe and effective way.

We did not find up to date evidence of care plan reviews being undertaken. The manager explained that it was the key workers responsibility to complete reviews with people, but they acknowledged that this was not being done on a regular basis. They had already recognised that this needed to be improved and was in the process of addressing this as part of staff supervision.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and flagging up any concerns/changes in health. However staff supervision was not undertaken on a regular basis in order for staff to feel supported in their roles and to identify future professional development training needs.

Staff adopted a positive approach in the way they cared for people and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us. Activities were encouraged at Westmead. People engaged in trips in the local community, games within the home, information technology and holidays.

To date, no applications for a Deprivation of Liberty Safeguards (DoLS) authorisation had been made by staff at Westmead. The Deprivation of Liberty Safeguards require providers and managers registered in respect of hospital and care homes ('managing authorities') to apply to the relevant 'supervisory body' for authorisation to deprive an adult of their liberty. Supervisory bodies are the local authority with social services responsibilities or NHS primary care trust for the area where the care home or hospital is located. The Mental Capacity Act gives the Care Quality Commission the duty to monitor activity under the deprivation of liberty safeguards.

Staff could not consistently demonstrate an understanding of the Mental Capacity Act (2005) and

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Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. We spoke with the manager about this and they recognised that staff would benefit from specific training on the Mental Capacity Act. This posed a risk that people were not being assessed appropriately by staff and protected from their liberties being deprived unlawfully.

We saw the home's complaints procedure. It provided people with details about how to make a complaint. It set out the procedure which would be followed by the manager and organisation. However, the complaints procedure was not displayed in a communal area for people to refer to.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw involvement of the local authority safeguarding team and where necessary disciplinary action taken.

We saw that the premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors to ensure the safety of both people living at Westmead and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we saw and spoke with confirmed that they felt safe and supported by staff at Westmead and had no concerns about the ability of staff to respond to safeguarding concerns. They felt that their human rights were respected by staff.

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they may have within the organisation. However, staff were less sure about who outside the organisation they could contact, such as the local authority. This posed a risk that staff would not respond appropriately to concerns to protect people in their care.

There were safe and effective recruitment and selection processes in place.

Staff could not consistently demonstrate an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. We spoke with the manager about this and they recognised that staff would benefit from specific training on the Mental Capacity Act. This posed a risk that people were not being assessed appropriately by staff and protected from their liberties being deprived unlawfully. To date, no applications for a Deprivation of Liberty Safeguards (DoLS) authorisation had been made by staff at Westmead.

On one occasion we saw that a person was due to have a mental capacity assessment due to their ongoing health needs. Health and social care professionals felt that the person did not understand the risks that were apparent. In light of this, we did not find any risk assessment and the care plan for skin care was lacking in detail and was not up to date in light of the concerns identified. Staff were aware of this person's risks and how they needed to manage them. However, there was a risk that a newer member of staff would not know this and when accessing information about this person's needs through their risk assessments, they would not necessarily be able to determine how best to support them in a safe and effective way.

Are services effective?

On the whole, care plans that we saw reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

We did not find up to date evidence of care plan reviews being undertaken. This posed a risk that the care provided would not

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reflect people's current needs. For example, skin care. The manager explained that it was the key workers responsibility to complete reviews with people, but they acknowledged that this was not being done on a regular basis. They had already recognised that this needed to be improved and was in the process of addressing this as part of staff supervision.

We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and communal areas. People felt that they needed different solutions to help them open their bedroom doors to maintain a greater degree of independence.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and flagging up any concerns/changes in health.

We saw evidence of staff receiving supervision. We saw no evidence of staff appraisals taking place in order for staff to feel supported in their roles and to identify future professional development training needs.

Are services caring?

People at Westmead commented that they were fully involved and supported to make decisions about their care.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care.

Staff adopted a positive approach in the way they cared for people and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

We observed staff communicate with people in a respectful way. People's individual communication abilities and preferences were identified.

Are services responsive to people's needs?

We did not find clear evidence that care plans included considerations of the Mental Capacity Act (2005). However, we saw that where a person possibly lacked capacity, best interest discussions were held with people who knew and understood the person using the service.

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Activities were encouraged at Westmead. People engaged in trips in the local community, games within the home, information technology and holidays.

We saw that health and social care professionals worked together in line with people's specific needs. We saw that liaison took place with the local authority and Care Quality Commission.

We saw the home's complaints procedure. It provided people with details about how to make a complaint. It set out the procedure which would be followed by the manager and organisation. However, the complaints procedure was not displayed in a communal area for people to refer to.

Are services well-led?

A range of audits were carried out. These were conducted on an ongoing basis to monitor the quality and safety of the service provided. Areas covered included the overall environment and safety considerations. We also saw that a new computerised medicines management system had been implemented which helped mitigate the risk of a medicines error. The extent of audits carried out demonstrated that the home recognised the importance of ensuring that people receiving a service were safe and cared for in a safe, supportive and therapeutic environment.

There was no evidence of care plan audits, which would have enabled the management team to recognise that key workers were not formally reviewing them to ensure they reflected people's health and social care needs and any changes to their level of support.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw involvement of the local authority safeguarding team and where necessary disciplinary action taken.

The premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors to ensure the safety of both people living at Westmead and staff.

Summary of findings

What people who use the service and those that matter to them say

Sources of information came from face to face interviews with both people living at Westmead and staff and observations throughout our visit.

One person living at Westmead told us: "This home is nice – it has a nice feel." Another person stated, "It's brilliant here, fantastic."

The manager said that the area at the top of the stairs had been made larger to make it easier for people to access the lift. One person said that it would be good to have a voice-activated lift so that you could say 'up' or 'down'. They also said the buttons inside the lift were not well-placed.

The bedroom doors that were seen were either open or shut. People did not appear to have a method of opening or closing the doors themselves. One person said, "I would rather have that (bedroom door) voice-activated." They added that they would also like to be able to switch the light in their bedroom on and off by voice-activation. They said that when they were in bed they were unable to switch their bedroom light on and off.

People were encouraged to have contact with their families. One person said that their family lived nearby. They said that they saw their Mum and Dad regularly, and telephoned them every day. They had a phone in their bedroom so that they could speak to them in private.

There was a list of pre-programmed numbers on the wall in this person's bedroom near the telephone. They also told us that they went to their Nan's 100th birthday party. They added that they were in touch with some of their friends through social media. Another person was going to see their family in the next few days. This showed that family involvement was seen as important for people living at Westmead and was encouraged by staff.

A couple of people spoke about how they enjoyed cooking. One comment included: "I made a Victoria sponge on Saturday." This person also spoke of other activities they enjoyed, "I like the computer, garden and television." They added that they had taken part in hate crime and mate crime work outside of the house, including working with school children on this topic. They told us that at the moment they were busy working on a project about abuse.

One person spoke about the residents committee meetings. "I help X with the committee stuff for the residents. We keep notes, bring things up. It works well."

People spoke about the manager. One person said that they had "…helped to sort out one or two problems with people who don't always see eye to eye." Another person said that they were "…a great manager, a good laugh. I get stressed a lot – she calms me down."

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Detailed findings

Background to this inspection

We visited the home on 15 April 2014. We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and communal areas. We also spent time looking at records, which included people's care records, and records relating to the management of the home.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of learning disability care services.

The inspection was part of the first test phase of the new inspection process that we are introducing for adult social care services.

Before our inspection we reviewed all the information we held about the home. As this was one of the first inspections to take place in the testing phase a Provider Information Return was not available prior to the visit. We examined previous inspection reports and notifications received by the Care Quality Commission.

At the time of our visit there were 18 people living at the home. We spoke to 12 people living at Westmead and eight members of care staff and the manager. We reviewed three people's care files, four staff files, a selection of the home's policies and procedures and quality assurance systems and staff training records.

Are services safe?

Our findings

People we saw and spoke with confirmed that they felt safe and supported by staff at Westmead and had no concerns about the ability of staff to respond to safeguarding concerns. They felt that their human rights were respected by staff. Comments included: "I feel safe here" and "I feel safe with the staff."

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the incident records and we saw that actions had been taken in line with the organisation's policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals.

The provider responded appropriately to any allegation of abuse. We saw a copy of the multi-agency policy and procedures for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included a 'safeguarding adults' flowchart, which broke down the actions to be taken if an alleged safeguarding concern had been identified. It was easy to follow which enabled staff to be clear about their responsibilities, such as informing a senior member of staff, the home's management team, liaising with the local authority and the completion of an incident form.

We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they may have within the organisation. However, staff were unsure about who outside the organisation they could contact, such as the local authority. This posed a risk that staff would not respond appropriately to concerns to protect the people in their care. This meant there had been a breach of the relevant legal regulation (Regulation 11 (1) (b)) and the action we have asked the provider to take can be found at the back of this report.

Staff informed us that they had received formal safeguarding adults training. However, staff felt that they would benefit from refresher safeguarding adults training. Staff felt that face to face safeguarding training relevant to experiences at Westmead would be beneficial in order to understand fully how to protect those people in their care. Staff records demonstrated that staff had received safeguarding training. The organisation's policy stated that staff are required to undertake safeguarding adults training when working directly with people. However staff felt this was not on a frequent enough basis. We spoke with the manager who informed us that on their appointment at the home they had identified that staff needed further safeguarding training which was more in depth. They explained that they had raised this with the organisation and there were plans for comprehensive training to be made available to staff working at Westmead.

We did not find clear evidence that care plans included considerations of the Mental Capacity Act (2005), which would have alerted staff to consider whether a mental capacity assessment was needed. However, we saw that where a person possibly lacked capacity, best interest discussions were held with people who knew and understood the person using the service. For example best interest discussions had been held to discuss a person's risk of pressure sores. As a result of these discussions, a mental capacity assessment was due to take place. These discussions included health and social care professionals and members of staff working at Westmead. This demonstrated that the home valued the importance of other professionals input in the decision making process.

Staff could not consistently demonstrate an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. We spoke with the manager about this and they recognised that staff would benefit from specific training on the Mental Capacity Act. Given the complex and communication needs of people living in the home, this posed a risk that people were not being assessed appropriately by staff and protected from their liberties being deprived unlawfully. This meant there had been a breach of the relevant legal regulation (Regulation 18) and the action we have asked the provider to take can be found at the back of this report.

To date, no applications for a Deprivation of Liberty Safeguards (DoLS) authorisation had been made by staff at Westmead.

Staff confirmed that people's needs were met and felt that there were sufficient staffing numbers. We observed this

Are services safe?

during our visit when people needed personal care support or wanted to participate in particular activities. Staff were seen to spend time with people, for example we saw staff chatting with people about subjects of interest.

We asked the manager about the home's staffing levels. They explained that in the mornings there were six members of staff on duty, five in the afternoon and at night there were two waking night staff on duty.

We saw the rotas which demonstrated these staffing levels were adhered to. We asked the manager how they managed unforeseen shortfalls in staffing levels due to sickness. They explained that regular staff would fill in or agency staff would cover the shortfall.

There were safe recruitment and selection processes in place. We saw that completed application forms and interviews had been undertaken in line with the roles and responsibilities to undertake caring for people.

We saw that pre-employment checks were done, which included references from previous employers, health screening and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by 'Disclosure and Barring' checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work.

Are services effective?

(for example, treatment is effective)

Our findings

People we spoke with said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent. For example, we saw staff providing support using people's preferred means of communication. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. Care plans reflected people's health and social care needs.

We specifically looked at three people's care files, which gave detailed information about their health and social care needs. Care files were personalised and reflected Westmead' ethos that people living at the home should be at the heart of planning their care and support needs.

Files included personal information and identified the relevant people involved in people's care. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. We did not find up to date evidence of reviews being undertaken. This posed a risk that the care provided would not reflect people's current needs. For example, skin care. The manager explained that it was the key workers responsibility to complete reviews with people, but they acknowledged that this was not being done on a regular basis. They had already recognised that this needed to be improved and was in the process of addressing this as part of staff supervision.

Files included a history of people's pasts which provided a timeline of significant events which had impacted on them. We saw evidence of people's likes and dislikes being taken into account. This demonstrated that when staff were assisting people they would be able to know what kinds of things they liked and disliked in order to provide appropriate care and support.Care plans were written with clear instructions. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, moving and handling, medicines management, skin care and eating and drinking.

We toured the building to assess the safety and suitability of the premises. The bedrooms and communal rooms were all pleasantly decorated and appeared very clean.

Communal lounges were uncluttered, warm and comfortable and all able to be used. People had their own bedrooms which were personalised to enable them to feel at home.

We saw that moving and handling equipment was readily available in each person's bedroom to enable people's needs to be met by staff. We saw that the equipment enabled people to maintain as much independence as possible. However, bedroom doors were not easily opened by people living at Westmead. We spoke to the manager about this and they explained that either people's bedroom doors were left open or staff would open the doors when they wanted to access their bedrooms. People felt that they needed different solutions to help them open their bedroom doors to maintain a greater degree of independence.

Staff had completed induction training as part of starting work at the home, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. The induction formed part of a three month probationary period, so that the manager could assess staff competency and suitability to work at the home. This demonstrated that the home believed in the importance of having the right staff to meet the needs of people living at Westmead.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and flagging up any concerns/changes in health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date in line with best practice. We saw that staff received training on safeguarding vulnerable adults, fire safety, health and safety, moving and handling, infection control, medicines management, person centred care, empowerment, postural care and supporting people with swallowing difficulties. This showed that care was taken to ensure that staff were trained to a level to meet people's current and changing needs.

We saw evidence of staff receiving supervision. We saw no evidence of staff appraisals taking place in order for staff to feel supported in their roles and to identify future professional development training needs. The manager explained that they were currently updating staff supervision and then would arrange appraisals to ensure a supportive environment to work in.

Are services caring?

Our findings

The service was caring because people commented that they were fully involved and supported to make decisions about their care. People said that they were encouraged to maintain their independence and felt fully involved in their care. Comments included: "Staff are currently supporting me to plan a trip to Australia to see my relatives" and "I feel involved in my care and support."

People we spoke with said that staff treated them with dignity and respect when helping them with daily living tasks. A comment included: "The staff are very good and respect my wishes." We observed this during our visit when staff were assisting people with personal care. Staff told us how they maintained people's privacy and dignity when assisting with intimate care, for example by knocking on bedroom doors before entering and gaining consent before providing care. We were told by people that staff adopted a positive approach in the way they involved them and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Staff demonstrated knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care. They showed an understanding of the need to encourage people to be involved in their care. For example, staff recognised the need to promote positive experiences for people to aid their wellbeing through offering a range of activities to choose to partake in or spending one-to-one time chatting about a range of subjects appropriate for that person.

Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. We saw evidence of family and professionals' involvement. This ensured that consent was sought by people who had sufficient knowledge about the people living at Westmead and the care, treatment and support options they were considering in order that people using the service could make an informed decision.

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to consent to care through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. Staff were seen to give information to people, such as what time the shopping trip was due to take place. People's individual wishes were acted upon, such as how they wanted to spend their time.

We observed staff communicate with people in a respectful way. We saw staff spending time with people talking about a range of subjects of interest. We spoke with a member of staff whose role was information technology and communication. They explained that they spent time with people in groups and on a one to one basis to help them communicate and that they worked closely with speech and language therapists. They showed us a range of technology which enabled people to communicate, such as specialised computer equipment. People we spoke with found the technology really useful and enabled them to also communicate with family and friends through social media. We saw that people had their own bespoke communication aids and they used these to communicate with us during our inspection to express their views. This demonstrated that staff recognised effective communication to be an important way of supporting people, to aid the development of therapeutic relationships.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive because we saw evidence of people being involved in making decisions about their care and treatment through discussions with staff and through their attendance at resident meetings. We observed staff spending time with people, supporting them to make future decisions about their care and treatment.

We saw that health and social care professionals worked together in line with people's specific needs. We saw that liaison took place with the local authority and Care Quality Commission. Staff commented that communication between providers was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP, physiotherapist and district nurse. These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensure the timely follow up of care and treatment needs.

Activities were encouraged at Westmead. People engaged in trips in the local community, games within the home, information technology and holidays. We were told about current plans for a person to go to Australia to see relatives later this year with staff support. Another person was planning to go to a football match. One person told us about their trip to the Houses of Parliament and their involvement in politics.

The computer room had several computers, at various heights which meant they were accessible for people using wheelchairs. There were also different types of keyboards and switches/mice in the room to enable people to use the information technology with ease.

We saw the home's complaints procedure. It provided people with details about how to make a complaint. It set out the procedure which would be followed by the manager and organisation.

The complaints procedure was not displayed in a communal area for people to refer to. We spoke to the manager about this and asked how people knew how to make a complaint. They explained that both they and their staff team worked very closely with people on a daily basis and regular discussions and meetings took place with people who used the service, which allowed for concerns to be raised. People we spoke with felt able to raise concerns and had done in the past. We saw evidence of these discussions and meetings taking place by looking at meeting notes.

We were told by the manager that the home had not received any formal complaints but if they did the organisation would follow these up as a matter of importance.

Are services well-led?

Our findings

Staff mainly spoke positively about communication at Westmead and how the manager worked well with them and encouraged team working. Some junior staff told us that senior staff spoke in a disrespectful way to them and felt that this needed to be improved through further training. Staff confirmed that they had attended staff meetings and felt that their views were taken into account.

The manager informed us that questionnaires had recently been sent out to families so that they could support their relative to complete. However, no questionnaires had been returned as yet. They added, and we saw that, a regular newsletter was made available to people and their relatives to keep up to date on events which had happened and were due to take place. The manager told us how they spent dedicated time with people each Friday and appointment slots were made available for people to book. This enabled people to express their views and raise any specific concerns or requests. People commented that they liked how the manager did this each Friday. We also observed that the manager made herself available to people and staff on an ad hoc basis throughout our inspection.

We saw that a range of audits were carried out. These were conducted on an ongoing basis to monitor the quality and safety of the service provided. Areas covered included the overall environment and safety considerations. We also saw that a new computerised medicines management system had been implemented which helped mitigate the risk of a medicines error. The extent of audits carried out demonstrated that the home recognised the importance of ensuring that people receiving a service were safe and cared for in a safe, supportive and therapeutic environment.

There was no evidence of care plan audits, which would have enabled the management team to recognise that key workers were not formally reviewing them to ensure they reflected people's health and social care needs and any changes to their level of support. This meant there had been a breach of the relevant legal regulation (Regulation 10 (1) (a) (b)) and the action we have asked the provider to take can be found at the back of this report.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw involvement of the local authority safeguarding team and where necessary disciplinary action had been taken. This demonstrated that Westmead was both responsive and proactive in dealing with incidents which affected both people living at the home and staff.

We saw that the premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors. For example, fire alarm checks, legionella control and fire extinguishers. We saw that staff had received health and safety and fire safety training at varying times to ensure they knew their roles and responsibilities when protecting people in their care. Hot water outlets were checked and the temperature was hand hot. Thermometers and temperature recording documentation were in place in the bathrooms so that staff could test the hot water temperature before assisting people using the baths.

We saw the fire log book and systems records. These showed that fire safety tests were completed on an ongoing basis. We saw the procedure in the event of a fire, which clearly outlined staff responsibilities for the evacuation of the premises and how people living within the home should be supported to maintain their safety. This demonstrated that the organisation took fire safety seriously in order to protect the people in their care.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse. People who use the service were not protected from the risk of abuse, because staff were unsure who outside of the organisation they should contact if abuse was suspected. Regulation 11 (1) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Staff could not consistently demonstrate an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. Regulation 18

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others, because there was no evidence of care plan audits, which would have enabled the management team to recognise that key workers were not formally reviewing them to ensure they reflected people's health and social care needs and any changes to their level of support. Regulation 10 (1) (a) (b)