

Willowbrooke Residential Home Limited

Willowbrooke Residential Home

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?	Good	
Is the service well-led?	Requires improvement	

Overall summary

This was the first inspection of Willowbrooke Residential Home. The service was registered in April 2015.

Willowbrooke Residential Home is a newly refurbished care home for older adults. They provide care for a maximum of 19 people. The home is located in Lostock Hall Preston and is situated close to local shops and amenities.

The registered manager was on duty on our arrival and received feedback throughout the inspection. 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.

Summary of findings

People who lived at the service told us that they felt safe.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that staff had received training in safeguarding adults and demonstrated a good understanding about what abuse means.

However we found that the service had not always made safeguarding referrals in line with their policy and procedure. For example one person had made allegations about the care they received. We discussed this with the registered manager who took immediate action to follow necessary safeguarding procedures.

We found that the registered manager, deputy manager and care workers lacked knowledge and understanding about referral processes around Deprivation of Liberty Safeguards (DoLS). We looked in a person's care records and found reported instances when they had requested to leave the service. A DoLS application was not made despite the person repeatedly asking to leave. We discussed this with the registered manager who took immediate action.

We looked at how the service identified and managed risk for people on an individual basis. We found that the service completed risk assessments for many areas of care and support for example; nutrition, falls and moving and handling. However, identified risk was not always included in care plans to ensure that management of known risk was undertaken. We have made a recommendation regarding this.

Risk assessments were in place for the premises and audited on a regular basis. However we found omissions in fire risk assessment and checking water temperatures. This meant that the service had not effectively assessed and prevented avoidable harm.

The service had robust recruitment policies and procedures in place, which we saw in operation during the inspection. We reviewed five staff files and found that pre-employment checks had been carried out.

We found that the service had sufficient numbers of staff on duty to keep people safe and meet their needs. Staff told us that staffing was sufficient. There was no formal staff dependency tool however the manager and provider assured us that staffing levels were continually assessed in line with the needs of people who lived at the service.

We looked at how the service managed people's medicines. We found significant shortfalls in stock management, recording of medicines administration, controlled medicines and care planning around people's individual medicine needs and preferences. These shortfalls meant that people were at risk of not receiving their medicines as prescribed, we found instances when people had not received their medicines due to the service not having sufficient stock in place.

The service was exceptionally clean and infection control systems were in place and understood by staff.

We saw that the service had a detailed induction programme in place for all new staff. The induction covered important health and safety areas, such as moving and handling, working in a person centred way and first aid awareness.

Staff told us that they felt supported in their roles and had received training to help them understand their role and responsibilities. The service did not have a training matrix in place, however we looked at staff files and found evidence of training certification.

Staff told us that they received supervision as part of their probationary period. No further supervisions had been completed. We looked at a supervision contract that was signed by staff, it stated that supervisions would be completed 'as and when required'. There was no formal policy in place for the frequency of staff supervisions. We made a recommendation about scheduling supervisions to ensure that staff had continued support.

It was evident from review of training records and discussions with staff that there was a lack of training around dementia care. The manager agreed that this was a training need at the service.

We asked staff if they had received training in the Mental Capacity Act 2005 (MCA 2005). Staff told us that they had completed e learning. However, we found that they had limited knowledge. In addition, staff were unable to explain the basic principles of the act and when to apply it. We asked about Deprivation of Liberty Safeguards (DoLS) training. Staff were not clear about when they would need to use these safeguards and how they would do this.

We found that the service did not assess a person's mental capacity in line with the MCA 2005. People who

Summary of findings

lived at the service and their representatives were asked to sign consent and agreement documents. The service had not effectively recorded consideration of the person's mental capacity.

We found that the service had effective systems in place for assessing people's risk of malnutrition. We observed people enjoy meal times during the inspection and people gave positive feedback about the quality and quantity of food they were provided.

We looked at how the service supported people to maintain good health. We received positive feedback from external health care professionals. We looked at people's care records and found that the service had referred people for support from external health care professionals on most occasions. However we found two instances when people had not been referred to external professionals.

The environment was adapted for people living with physical disability. An excellent standard of decoration had been developed throughout the service and people were happy with the standard of individualisation in their bedrooms.

We received very positive feedback about the care provided from people who lived at the service, their representatives and visitors.

We observed staff approach people in a kind and dignified way. We saw that staff had built trusting relationships with people who lived at the service.

We spoke with the provider. The provider told us that it was important for the service to provide kind care that was based on people's individual needs and preferences.

We received positive feedback from a visiting palliative care nurse about the good standard of end of life care and support provided by the service.

We found that the service provided a good standard of person centred care. We looked at people's care plans and found that they reflected people's needs and preferences.

We observed people receive care that was tailored to their needs and preferences and people told us that they were encouraged to lead an enriched life.

We looked at how the service listened to people's experiences. We found that satisfaction surveys were

issued. Action planning around people's feedback was not formally recorded. However, the registered manager explained actions had been taken and we were able to see this during our inspection. For example, one person had requested footstools in the lounge and these had been put in place for residents to use.

People told us that they felt listened to and had been given the opportunity to have their say.

We found that the service displayed the complaints procedure this enabled access to information about how to complain for people who lived at the service and visitors.

We looked at people's care records and found a good standard of information for when people had been transferred between services. People had been escorted by staff when they preferred to hospital and community appointments.

We looked at how the service demonstrated good management and leadership. Staff told us that they felt supported by the provider, registered manager and deputy manager.

People who lived at the service felt involved with the general running of the home and told us that the provider and registered manager were always available if they wanted to speak to them.

We observed a positive staff culture and staff told us that they enjoyed working at the service.

We found that the service had systems in place to monitor the delivery of care, however the registered manager had not yet implemented these systems and quality assurance had not been adequately considered.

We looked at staff meeting minutes from September 2015 and found that shortfalls in medicines management had been identified. We found that these shortfalls were still happening and had not been adequately addressed.

We also found that the registered manager had failed to ensure that some necessary safety checks had been undertaken despite completing a monthly risk assessment that covered risk management for fire and water temperature safety. We made a recommendation about improving quality assurance systems at the service.

Summary of findings

We found the registered manager receptive to feedback and keen to make immediate improvements. The registered manager emailed us after the inspection to confirm what immediate actions had been undertaken to address the shortfalls found.

We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safeguarding, safe care and treatment, premises safety and need for consent. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We found that people were not always safeguarded against abuse.

We found that effective record keeping was not always maintained to ensure that individual risk to people using the service was assessed, monitored and reviewed.

We found sufficient staffing levels met the needs of people who lived at the service.

We found significant shortfalls in medicines management that placed people at risk of not receiving their medicines as prescribed.

Robust systems were in place for recruitment of staff.

Requires improvement



Is the service effective?

The service was not consistently effective.

People received effective health care and experienced positive outcomes due to the support they received at the service.

The rights of people who did not have capacity to consent to certain elements of their care or support were not always promoted because staff were not working in accordance with the Mental Capacity Act 2005.

Staff told us that they received adequate training. However we found gaps in staffs understanding around subjects such as the MCA 2005 and dementia.

We saw that people were supported to maintain a healthy lifestyle and provisions for nutrition and hydration at the home were to a good standard.

We saw that the environment was well designed and had the necessary adaptations throughout the environment to aid people living with physical disability.

Requires improvement



Is the service caring?

The service was very caring.

People who lived at the service and their representatives told us that they were satisfied with the standard of care they received.

We observed kind and caring interventions between staff and people who lived at the service.

People felt involved in decisions made about their care and had access to advocacy information.

Good



Summary of findings

We found that the service provided a good standard of person centred end of life care.

Is the service responsive?

The service was responsive.

We saw that the service offered various activities to help people maintain a fulfilled life style.

We observed staff provide care for people in a person centred way. People were offered choice and control.

We looked at people's care plans and found that person centred information was available. People had participated in the creation of their care plans.

We saw that the service was responsive to people's needs. People were supported to maintain an independent life style.

We saw that people had access to information about how to complain.

Good



Is the service well-led?

The service was not consistently well led.

We found that the service had systems in place to monitor quality assurance. However action was not always sufficiently taken when issues had been identified.

We found that short falls in fire safety, water temperature safety and medicines management had not been effectively managed.

There was a positive culture throughout the staff team. Staff told us that they enjoyed working at the service and felt supported by the provider and manager.

Requires improvement



Willowbrooke 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 December 2015 and was unannounced.

The inspection team comprised of three adult social care inspectors one of whom was the lead inspector for the service.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since registration.

After the inspection we asked for feedback from health care professionals that visited the service. We received feedback from a pharmacist, two practice managers, a clinical nurse specialist and a social worker. Comments are included within this report.

At the time of our inspection of this location there were 11 people who lived at the service. We spoke with six people who received care, one person's representative and two visitors. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed how staff interacted with people who used the service and viewed five people's care records. We spoke with two care workers, one domestic worker, the deputy manager, maintenance contractor, the registered manager and registered provider during the course of our inspection.

We also looked at a wide range of records. These included the personnel records of five staff members, care records of five people who lived at the service, a variety of policies and procedures, training records, medication records and quality monitoring systems.

Is the service safe?

Our findings

We asked people who lived at the service if they felt safe. People told us; "From the day you come in you feel comfortable". And "Because of the night time checks, I feel much safer in the care home".

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse.

We found that the service had not always made safeguarding referrals in line with their policy and procedure.

For example, we looked in a person's care records and found that staff had recorded that the person had made allegations about the way staff cared for them. We did not find evidence of risk assessment or care planning around this concern and the registered manager had not been informed. No safeguarding referral had been made. We discussed this with the registered manager who took immediate action to implement safeguarding procedures.

Another person had been referred to safeguarding by the registered manager due to risk of financial abuse. We looked at the person's care records and found that a comprehensive care plan and risk assessment had not been undertaken. This meant that the person had not been sufficiently safeguarded.

These short falls in safeguarding vulnerable adults amounted to a breach of Regulation 13 (1) (2) (3) (4) (6) (7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff had received training in safeguarding adults and demonstrated a good understanding about what abuse means. However it was evident that further training was required to ensure that staff understood how to effectively raise safeguarding alerts and to care plan against known risks to individuals.

We looked at how the service identified and managed risk for people on an individual basis. We found that the service completed risk assessments for many areas of care and support for example; nutrition, falls and moving and handling. However, identified risk was not always included in care plans to ensure that management of known risk was undertaken.

For example risk assessments had been undertaken for people at risk of skin breakdown. We found that one person was scored at high risk and they did not have a care plan that showed how the service would manage the identified risk. Another person had been repeatedly reported to display behaviours that challenged. No risk assessment or care plan had been undertaken.

Risk assessments were in place for the premises and audited on a regular basis. However we found omissions in fire risk assessment, people had not been individually assessed for personal emergency evacuation plans (PEEPS) and water temperatures identified as exceeding safe limits during checks had not been effectively managed. We did not find any evidence of this causing harm to people who used the service, staff or visitors however the service had not always effectively assessed and prevented avoidable harm.

The above fire and water safety omissions amounted to a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. We found significant shortfalls.

We looked at three people's medicine administration records and checked stock of their medicines stored at the service. We found multiple examples of insufficient stock management when people's medicine counts did not reflect what had been accounted for on their medicine administration records.

We asked the registered manager to undertake a full audit of medicines at the service to establish the extent of insufficient stock management. The registered manager emailed us and confirmed that nine individual medicine stocks showed variance against what was accounted for on the medicines administration records.

We looked at how the service managed people's controlled medicines. We found that one person's liquid morphine was 70mls less than the amount accounted for in the controlled medicines record. This showed that the service was not effectively measuring and counting stock of controlled medicines during administration.

The controlled medicines book showed one omission in recording. Only one staff member had signed when a

Is the service safe?

person was administered their controlled medicines. It is essential that two staff always administer controlled medicines due to the nature of the drugs and risks to individuals.

We found multiple examples of people being discharged from the service and taking away their controlled medicines, however the service failed to record when stock had been removed.

Medicine administration records (MARS) showed that safe procedures were not always followed when a person's medicine was hand written onto the records. Entries did not represent exact directions as printed on the dispensary label and had not been accounted for by two staff members to ensure that directions were accurate. This meant that the service could not always demonstrate safe recording of medicines.

We found that the service did not have effective care planning around people's individual use of medicines. This placed people at risk of not receiving their medicines in a person centred way.

These shortfalls in medicines management amounted to a breach of Regulation 12 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff had training in medicines management and competency assessments had been undertaken. We

received feedback from a community pharmacist who told us "Staff are up to date with medication practice and they are confident at what they do". "We do audits to check how they administer and manage medication and so far nothing has come to light". And "I am confident with the way medication is managed and the way people are cared for".

The service had robust recruitment policies and procedures in place, which we saw in operation during the inspection. We reviewed five staff files and found that pre-employment checks had been carried out.

We found that the service had sufficient numbers of staff on duty to keep people safe and meet their needs. Staff told us that staffing was sufficient. There was no formal staff dependency tool however the manager and provider assured us that staffing levels were continually assessed inline with the needs of people who lived at the service.

The service was exceptionally clean and infection control systems were in place and understood by staff. We observed safe practices during the inspection and found that staff had access to protective clothing.

We recommend that the service considers ways to improve individualised risk management planning for people who live at the service.

Is the service effective?

Our findings

We asked people and their representatives if they were happy with the care and support they received. People told us; "I have been very unwell staff called the GP for me and arranged hospital transport". "Carers respond quickly and I am not left waiting for long". And "Staff are exceptional, they look after people well and they are attentive to people all the time. I cannot fault them in anyway".

We looked at how the service provided effective care that was based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

We saw the service had a detailed induction programme in place for all new staff. The induction covered important health and safety areas, such as moving and handling, working in a person centred way and first aid awareness.

Staff told us that they felt supported in their roles and had received training to help them understand their role and responsibilities. The service did not have a training matrix in place, however we looked at staff files and found evidence of training certification in line with the provider's policies around training.

Staff told us; "Yes I had a thorough induction". And "We do training with an outside agency which is good".

Staff also told us that they received supervision as part of their probationary period. No further supervisions had been completed. We looked at a supervision contract that was signed by staff, it stated that supervisions would be completed 'as and when required'. There was no formal policy in place for the frequency of staff supervisions.

It was evident from review of training records and discussions with staff that there was a lack of training around dementia care. The manager agreed that this was a training need at the service and assured us that this training would be scheduled.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

We found that the registered manager, deputy manager and care workers lacked knowledge and understanding about referral processes around Deprivation of Liberty Safeguards (DoLS). We looked in a person's care records and found reported instances when they had requested to leave the service. A DoLS application was not made despite the person repeatedly asking to leave. We discussed this with the registered manager who took immediate action.

These short falls in safeguarding vulnerable adults amounted to a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in people's care records and found that the service did not formally record when they had considered a person's mental capacity prior to requesting consent or making decisions on a person's behalf.

For example, one person was living with dementia. Their care records showed that consideration had not been made regarding their mental capacity prior to seeking consent from the individual or their relatives.

Another person's care records showed that their relative had signed consent to care, including financial agreements. No records were available to show that the person had been involved in this process or assessed in line with the principles of the MCA 2005.

We asked staff if they had received training in the Mental Capacity Act 2005 (MCA 2005). Staff told us that they had completed e learning. However, we found that they had limited knowledge. In addition, staff were unable to explain the basic principles of the act and when to apply it. We asked about Deprivation of Liberty Safeguards (DoLS) training. Staff were not clear about when they would need to use these safeguards and how they would do this.

Is the service effective?

These shortfalls in consent to care and treatment amounted to a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the service had effective systems in place for assessing people's risk of malnutrition. We observed people enjoy meal times during the inspection and people gave positive feedback about the quality and quantity of food they were provided.

We looked at the four week menu. We found that people had plenty of choice at meal and snack times and people were encouraged to eat a balanced diet.

People told us; "The food is excellent, there is a choice". "I tend to stay in my bedroom and have my food in here however if I want to go to the dining room I can always ask". And "The food is excellent. Real quality".

We looked at how the service supported people to maintain good health. We received positive feedback from external health care professionals. Professionals told us; "Willowbrooke is one of the best homes you will come across". "Staff are dedicated to caring for people". And "The service are clear that they will not admit a person unless they are sure they can meet their needs".

We looked at people's care records and found that the service had referred people for support from external health care professionals on most occasions, However we found two instances when people had not been referred to external professionals.

One person sustained an injury following a fall, Care records showed that staff noted the injury however did not seek support from visiting GPs or District Nurses. Another person had refused to take their prescribed medicine for three weeks. Staff told us that the person was capable to make this decision, however no liaison with the person's GP had been made. The registered manager took action during the inspection to inform the person's GP.

The environment was adapted for people living with physical disability. An excellent standard of decoration had been developed throughout the service and people were happy with the standard of individualisation in their bedrooms.

We spoke with the provider who told us that the environment was maintained on a regular basis. They also told us that it was important for the environment to remain comfortable and accessible for people who lived at the service.

We recommend that the service considers review of the supervision policy and procedure to establish a scheduled approach to staff supervisions.

We recommend that the service looks at best practice in care homes guidance for supporting people living with dementia and considers development opportunities to increase staff understanding.

Is the service caring?

Our findings

We received very positive feedback about the care provided from people who lived at the service, their representatives and visitors. People told us; "They are extremely good I can't fault them in anyway". "Staff will always stop to chat". And "From the day you come in you feel comfortable".

We observed care and support being provided in the main lounge area and dining room. We observed staff approach people in a kind and dignified way. We saw that staff had built trusting relationships with people who lived at the service.

In particular one staff member approached a person who lived at the service and sat with them for 15 minutes. Their conversation was free flowing and it was clear that they felt comfortable in each others company. We observed positive reassurance for people who asked for support and staff were timely in their responses.

We spoke with the provider. The provider told us "I wanted the service to be homely". "I am extremely passionate about providing a caring environment". And "Whatever the residents want they can have it".

The registered manager told us that they have a comprehensive admissions policy. Since registration of the service people have been admitted in a staged approach to ensure that they can settle into the service with time for staff to get to know them and their needs.

We found that the provider had issued residents satisfaction surveys in August 2015. We asked the registered manager if they had responded to the survey results and they were unable to evidence any formal responses. However, the registered manager explained actions had been taken and we were able to see this during our inspection. For example, one person had requested footstools in the lounge and these had been put in place for residents to use.

We saw staff preserved people's dignity. One person requested support to the bathroom. Staff acknowledged them and discreetly provided support. We also saw staff knock on bedroom doors before entering. Staff engaged with people in a compassionate and respectful way.

The registered manager told us that they had recently cared for a person at the end of their life. They also explained that support was received from specialist palliative care nurses and district nurses to ensure that the person had a peaceful passing.

We received feedback from a palliative care specialist nurse who was involved with the person's care. They told us "The person who was at the end of their life was looked after in an amazing way". "The staff were impressive in the manner they cared for the person". And "The staff wanted to provide the right care, the person died peacefully and their family were grateful".

Is the service responsive?

Our findings

People we spoke with gave us a number of examples of how the service had been responsive to their needs. People told us; "When I was unwell, staff called the GP immediately and my family as well. Staff arranged for me to go to hospital". And "I don't hear the nurse call bell ringing constantly here, staff respond immediately".

We found that the service provided a good standard of person centred care. We looked at people's care plans and found that they reflected people's needs and preferences.

For example one person's care plans showed their life story, what was important to them and how they would like to maintain relationships with their family and friends.

Another person's care plan showed a detailed pre-admission assessment with person centred information about their life style, support networks and previous occupation.

Care records showed a good standard of information had been recorded when people were transferred between services. People had been escorted by staff when they preferred to hospital and community appointments.

We asked staff about their knowledge of people who lived at the service. We found that staff showed a very good understanding of people's preferences and needs as reflected in care records. One senior support worker told us about a person's past history and their current preferences. It was evident that staff had involvement in the planning of care for people who lived at the service.

We looked at one person's care record and found that the service had failed to assess the person on an individual basis regarding their behaviours that challenged and

dementia related needs. We found that this was due to a training need at the service. The registered manager accepted our feedback and reassured us that action would be taken to ensure that the person was fully reviewed.

We observed people received care that was tailored to their needs and preferences and people told us that they were encouraged to lead an enriched life.

The service had a activities schedule that listed various games, social activities and provided something for everyone to engage in should they wish to.

We observed the provider to be responsive to a person's individual needs, they had noticed that the person enjoyed building complex jigsaws. During the inspection the provider was on site to deliver a personalised knee board to assist the person in building their jigsaws whilst in the comfort of the arm chair. The person told us that the provider was at the service most days and was very responsive to people's needs and preferences.

Another person told us how they preferred to stay in their bedroom. They had been provided with satellite television at their request and this was done promptly.

We looked in people's bedrooms, with their agreement. We found that the service had assisted people to personalise their bedrooms to create an environment that was homely for them. People told us that they were very happy with their bedrooms.

People told us that they felt listened to and had been given the opportunity to have their say.

We found that the service displayed the complaints procedure this enabled access to information about how to complain for people who lived at the service and visitors.

A relative told us "When I raised a complaint, they listened and were very apologetic, it never happened again".

Is the service well-led?

Our findings

People who lived at the service and their representatives told us; "Management are approachable and a breath of fresh air". "Management are flexible and approachable, I can call in any time I want". "They maintain a happy staff team here". And "The manager and owners are superb".

We looked at how the service demonstrated good management and leadership. Staff told us that they felt supported by the provider, registered manager and deputy manager.

People who lived at the service told us that they felt involved with the general running of the home and that the provider and registered manager were always available if they wanted to speak to them.

We observed a general positive staff culture and staff told us that they enjoyed working at the service.

Although we also acknowledged negative terminology in one person's care records. This was due to a training need at the service and staffs lack of understanding about how to effectively care for people living with dementia. We discussed this with the registered manager who took immediate action. We felt confident that the registered manager would address our concerns.

We found that the service had systems in place to monitor the delivery of care, however the registered manager had not yet implemented all of these systems and quality assurance had not always been adequately considered.

We looked at staff meeting minutes from September 2015 and found that shortfalls in medicines management had been identified. We found that these shortfalls were still happening and had not been suitably addressed.

We also found that the registered manager had failed to ensure that some necessary safety checks had been undertaken despite completing a monthly risk assessment that covered risk management for fire and water temperature safety.

We looked at a wide range of written policies and procedures provided for staff with clear guidance about current legislation and up to date best practice guidelines. These were reviewed and updated regularly and covered areas, such as The Mental Capacity Act 2005, Deprivation of Liberty Safeguards, medicines, appraisal, staff supervision, individual planning and review and health and safety.

We found the registered manager receptive to feedback and keen to make immediate improvements. The registered manager emailed us after the inspection to confirm what immediate actions had been undertaken to address the shortfalls found.

We recommend that the service considers improved systems for quality assurance. Including completion of comprehensive audits for key areas of health and social care provision at the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.

Regulation 11 (1) (2) (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have suitable arrangements in place for assessment of emergency evacuation plans, water temperature checks and medicines management.

Regulation 12 (1) (2) (d) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not have suitable arrangements in place to ensure that people were effectively safe guarded. Consideration for deprivation of liberty safeguards had not been embedded at the service.

Regulation 13 (1) (2) (3) (4) (5) (6) (7)