East Cosham House

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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out an unannounced inspection of this service on 27 November 2014. East Cosham House provides accommodation and care for up to 24 older people, including some who live with dementia. The home is a large, converted property and accommodation is arranged over two floors. A stair lift is in place to assist people to move between the two floors. The accommodation provided is a mixture of single bedrooms and two shared rooms for two people. There were 24 people living at the service at the time of our inspection.

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

People felt safe at the home. Relatives had no concerns about the safety of people. However, risk assessments

Summary of findings

had not always been completed to ensure people received safe and effective care which was unrestrictive and in line with their needs. The provider acknowledged the need for this to be addressed at our inspection.

People were protected by staff who had been trained and had a good understanding of abuse against people. Staff were confident to report any concerns they may have through the appropriate channels. However the registered manager and staff had not identified that people's human rights were not being recognised and protected in some of the restrictions they placed on people.

There were sufficient staff to meet the needs of people. There were robust recruitment and training processes so people were cared for by people who had the right skills to meet their needs.

People were supported by competent staff to take their medicines safely. Staff gave people a choice of nutritious food and drink.

Staff at the home had not been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked the capacity to make decisions. The registered manager and staff had not always sought people's consent to their care. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person living at the home was subject to a DoLS. Whilst all appropriate actions had been taken to support this person, the registered manager and staff did not have a good understanding of when DoLS should be implemented.

People had access to health and social care professionals when they were required. External professionals were well received by staff and advice and support was followed by staff who cared for people at the home.

People said staff were very caring and supportive. Staff knew people at the home well and were skilled in meeting their needs. They addressed people in a calm and dignified way. They were respectful of the people they supported and ensured their privacy and dignity was maintained at all times.

Individualised plans of care provided information about people's needs. Staff encouraged people to participate in activities. People had fun participating in an activity of singing and dancing together. People were happy in the home.

People were provided with opportunities to express their views on the service through quality assurance surveys and through discussions with the manager and staff. Meetings were held with people and their relatives/ representatives to allow them to express their views.

Whilst an extensive programme of audit was completed by the registered manager to ensure the welfare and safety of people they had not identified the lack of risk assessments in place for some people. Processes were not in place to ensure people who consented to plans of care and treatment for people had the legal authority to do so.

People who worked and lived at the home felt able to express any concerns they had and these were responded to promptly. The registered manager promoted an open and honest culture of communication in the home and people responded well to this. Complaints, incidents and accidents were investigated thoroughly and lessons learned were shared with staff to prevent reoccurrence of these issues.

We found a number of breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not always safe.

The registered manager and staff did not consistently ensure risk assessments were in place to keep people safe.

People were protected from avoidable abuse and harm. Staff had received training and had a good understanding of how and when to report concerns of abuse. The registered manager worked closely with the local authority to address any concerns raised.

There was sufficient staff to meet people's needs. Recruitment and training processes ensured people with the right skills were employed in the home.

Medicines were stored and administered safely by staff that had received appropriate training and had been assessed as competent.

Is the service effective?

Requires Improvement

The service was not always effective.

People had not consented to their plans of care and treatment. Where people lacked capacity to make decisions about the care they received, the registered manager and care staff had not applied the principles of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were skilled in meeting people's day to day needs and received some of the training and support they required to carry out their work. They knew people well.

People were provided with a choice of nutritious food and drink.

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

The service was not always caring.

People found staff to be very caring and supportive.

People were not always supported to express their views and be actively involved in making day to day decisions about their care.

Staff were respectful of people and had a good understanding of the need to ensure people's privacy and dignity was respected at all times. Staff knew people well and spoke of a family atmosphere in the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

People felt able to raise any concerns they may have about the service and were sure they would be dealt with promptly and effectively. The home's complaints policy was visible for people to use.

Staff ensured people had individualised plans of care which reflected their needs, however people were not aware of these and had not consistently agreed to them.

People enjoyed a range of activities in the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

Risks to people who lacked capacity to make decisions, or required additional care and support had not been identified by the registered manager. A programme of audit and review had not identified these risks.

The registered manager was very approachable and provided an open, honest and effective work ethic at the home. People felt included in the running of the home.

Staffing structures ensured staff were supported in their roles with effective communication provided through staff supervision and meetings.

Incidents and accidents were monitored to ensure the safety of people. Lessons were learned and shared from these events.

East Cosham House

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 27 November 2014 and was unannounced. One inspector and an expert by experience in the care of older people visited the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with nine people who lived at the home and a relative who was visiting to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home. We spoke with three members of staff and interviewed two senior carers, a member of domestic staff and the registered manager.

We looked at the care plans and associated records for five people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, four staff recruitment files and policies and procedures.

Following our visit we requested information from nine health and social care professionals who supported some of the people who lived at the home, to obtain their views We received feedback from four of these people.

The last inspection of this home was in October 2013 when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People felt safe at the home. They told us there were enough staff to meet their needs and they were encouraged to discuss with staff any concerns they may have. One person told us, "The staff are wonderful and are always there to help me if I have a problem." A relative told us, "They [staff] are very approachable I can absolutely tell them anything if I am worried about anything." People felt the environment was safe and medicines were given promptly and safely.

The registered manager and staff had assessed people's needs, however they had not consistently ensured risk assessments were in place to ensure the care people received was safe. One person told us they were restricted in their movement from their bed as staff used bed rails to maintain their safety. The registered manager told us this had been done on the advice of a health care professional. However, there was no risk assessment in place to support the need for the use of this equipment. For two other people, the registered manager told us they were cared for in bed as this was the only way their needs could be met safely. There were no risk assessments in place to identify why the needs of these people were met in this way. These people remained in bed throughout our inspection. Risks had not always been assessed and plans of care were not in place to minimise the risks associated with the care people received.

For people who had specific health care needs, care plans did not always adequately reflect the support they may require to manage their health conditions. One person required support with their mental health needs and plans of care were clear for staff to ensure they could meet the person's needs. However, for another person who lived with diabetes, a care plan for, "Medical Conditions", did not mention they lived with diabetes. Their, "Dietary and nutritional care plan" stated, "[Person] is diabetic (type 2) which is controlled by tablets." This care plan identified a need to keep blood sugars at the, "right level", however did not state what this level was. A care plan identifying night time needs stated, "Blood sugars may go low." There was no mention of how this should be monitored, what signs and symptoms staff should observe for or act upon. This meant this person was at risk of not receiving the care they required to support them with this specific health need.

The provider had not planned and delivered people's care in a way which ensured their safety and welfare. These matters were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a current copy of the local authority safeguarding procedures; however the "Safeguarding Adults Policy and Procedure" for the home, which was undated, did not reflect this current document. The registered manager had a good understanding of what actions to take when any issues of concern were brought to their attention. They had worked closely with the local authority team to address three safeguarding concerns which they had raised in the previous six months. The registered manager told us they had contacted all relevant health and social care professionals to identify any learning from each incident and this learning was shared with staff at team meetings. However, information on the investigation and reporting of these incidents was not available and had not been held in accordance with the provider's "Safeguarding Adults Policy and Procedure". Staff had undertaken training in the safeguarding of people and had a good understanding of the different types of abuse which they may observe. They knew how to report this to the appropriate person or authority.

There was sufficient staff to meet the needs of people. Records showed staffing levels remained consistent at the home. Staff records held information on the recruitment process followed to ensure that staff were suitable to work with people. Recruitment was in process for a domestic member of staff to replace a member of staff who had left recently and suddenly. This had increased the demands on staff to support these duties. Staff said there was usually enough staff to meet the needs of people; however the absence of a domestic person had increased their workload. They were confident this was a temporary situation being addressed by the registered manager. The registered manager told us they did not require the use of agency staff very often. When they were required, they requested the same staff members to provide continuity of care for people.

Recruitment records for staff included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service

Requires Improvement

Is the service safe?

(DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

People had a personal emergency evacuation plan in place (PEEP) in their care records and this gave clear information for staff to support people in the event of an emergency. Staff were aware of evacuation procedures and the provider had made adaptations to a first floor emergency exit since our previous inspection. This ensured a covered walk way was available for people if they were removed from any emergency situation.

People received their medicines in a safe and effective way. Staff ensured the medicines trolley was secure at all times and never left unattended when in use. There were no gaps in the recording of medicines being given on medicine administration records (MAR) and people were supported to take their medicines in a calm and respectful way. Medicines given, “as required” (PRN medicines), were documented clearly. Staff monitored and recorded the effectiveness of these medicines in people’s care records. Medicine administration records were audited monthly with a quarterly audit of medicines stored in the home. Controlled medicines were stored in accordance with legislation and all staff who administered medicines had received appropriate training and updates.

Requires Improvement

Is the service effective?

Our findings

Staff knew people well and people were happy with the care they received. People said staff were very kind and always helped them. One person said, "I know what I want, and they always help me to do it." However, people who lacked capacity to make decisions about their care and safety had not been assessed and supported to ensure their needs were met in line with their wishes or best interests. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. The registered manager and staff had not applied the principles of the MCA to ensure people received the care and support they required in line with their wishes or best interests.

When people had capacity to consent to their treatment, staff sought their consent before care or treatment was offered. However, care plans contained no evidence to show that people who had capacity had consented to the care and treatment that had been planned for them. Assessments of the ability of people, including those who lived with dementia, to make decisions had not been completed and the principles of the MCA were not followed. For example, bed rails were being used to prevent one person from falling out of bed. This person had the capacity to agree, or not, to them being used and was unhappy about their use. They said, "I can't get up when I want to." The decision had been made for them to be used against their wishes and without their consent. We spoke with the registered manager who addressed this concern promptly.

When people lacked capacity to make decisions about the care they received the provider had not applied the principles of the MCA. For example, one person was cared for in bed. The registered manager told us they had no choice but to be cared for in bed. This person was unable to communicate with staff about their needs and staff told us this person did not have the capacity to consent to their care. The registered manager told us staff were unable to meet their care needs unless they remained in bed. There was no information in this person's care records to show how the principles of the MCA had been applied to ensure this person received the care and support they required in line with their wishes and in their best interests.

Care plans had been agreed by people on behalf of other people, but there was no evidence to show that these representatives had the legal right to agree to this care. In August 2014 one person signed a form in the presence of their GP requesting they were not resuscitated in the event their heart stopped. However, a relative had signed an agreement to the implementation of the care plans written for this person in March 2014. The provider was unable to show that the relative had the legal right to make such a decision or that the person lacked the capacity to make the decision. There was a risk that decisions may not have been taken in accordance with people's wishes.

Staff had a limited understanding of the Mental Capacity Act 2005 and the impact it had on their work. A member of staff told us of a person whose wishes had been respected when they had declined a flu vaccination. However they said, "Other people don't have capacity and you have to get permission from their next of kin." Another member of staff told us people did not have an assessment of their capacity completed when they had. Training in place for staff on the MCA was limited to a DVD which staff viewed and then responded to some multiple choice questions. The registered manager and staff had not received updated training on the MCA and the responsibilities they had to ensure people received care in line with their wishes or in their best interests.

Not all staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and how they should be applied to people's care. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. One person had a DoLS authorisation in place and the registered manager had been supported in the application for this DoLS by the health and social care professionals who were supporting the person. The care record for the person subject to DoLS contained information about this and how staff should support the person. Staff caring for the person were aware of the restrictions and support needed for this person, however were not aware that the person was subject to DoLS.

Requires Improvement

Is the service effective?

Following discussions with us, the registered manager told us there were people who made need a DoLS application.

The above issues are a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made a referral to the local authority safeguarding team to raise concerns about the lack of assessment of people's mental capacity at the home.

The home had a very low turnover of staff which gave people continuity in the care they received. Staff demonstrated a good awareness of people's preferences and needs. An induction plan was completed for new staff when they commenced work at the home. The registered manager told us they occasionally had to use agency staff to support people and they always requested the same staff members to maintain continuity of care for people.

A programme of training was available to all staff to ensure they had the skills required to meet the needs of people. The provider monitored this programme to ensure all staff completed training and updates in accordance with the provider's policy. Most of this was based around DVD training followed by a questionnaire of the information. Staff said they had received individual training from healthcare professionals to meet the needs of people if this was required. For example, one person had been assessed by a speech and language therapist and staff had received training specific to this person's needs.

There was a system in place to support staff development through the use of one-to-one sessions of supervision and appraisal. This ensured staff received up to date training and information on the service as well as offering the opportunity for staff to discuss any concerns or learning needs they had.

People enjoyed the food provided and always had enough to eat and drink. People were offered choice at each mealtime and the chef had a good awareness of people's preferences. Special and individual diets were catered for such as soft, diabetic and vegetarian diets. Food was presented well in an environment which was clean and fresh. On the day of our inspection, people enjoyed ham, egg and chips and one person told us, "This is my favourite, the food is good here and we get proper homemade cakes and fresh vegetables." Another person, who required a special diet told us, "I have soft food so they always make sure it's right for me." Staff ensured people were provided with suitable and nutritious food and drink.

People had regular access to external health and social care professionals as they were required. A relative told us how their loved one had become unwell and staff had recognised this promptly and had worked with healthcare professionals to ensure they received the medical care they required. The community nursing team visited the home daily to support care staff with health care issues including the management of diabetes, wound care and reduced mobility. For example, two people who remained in bed to receive their care were monitored closely in partnership with the community nursing team.

Staff contacted a range of health and social care professionals to assist them in managing the care and support needs of people including; speech and language therapists, social workers, mental health teams, the district nursing service and the GP., One person required support from the community mental health team to ensure they remained well. Staff told us how they worked with this team to ensure the health and wellbeing of this person. Health and social care professionals we spoke with said staff were responsive to people's needs and always followed guidance provided by them. A chiropody, dental and optician service visited the home regularly. People had access to other health and social care services as they required it.

Requires Improvement

Is the service caring?

Our findings

People were very happy with the care and support they received. Staff knew them well and people said staff were very kind and caring. One person told us, "They treat me very well indeed, we have a laugh. I love it here, I really do." A relative told us, "They are always so very kind and caring here. It's a lovely place." Another relative said, "The caring of the staff is wonderful and they treat [person] like a person not a number."

Staff knew people well and were aware of people's preferences and individual needs. For example, one person had an object of comfort which they carried with them at all times. Staff knew they needed to ensure this object was treated with the greatest regard to ensure this person felt at ease in their environment. Staff encouraged this person to interact with others whilst acknowledging this need. For another person who had demonstrated some behaviours that challenged, staff were aware of the triggers for these behaviours and monitored the person closely to ensure they could respond to the person's needs in a kind, effective and timely way. A third person became distressed and tearful on the day of our inspection as they were feeling unwell. Staff took time to provide them with privacy, listened to their concerns and supported them the way they requested.

Staff encouraged most people to make day to day decisions about their care. These decisions were respected and staff promoted most people's independence. One person said, "I only need help putting my clothes on so they sort my clothes for me but I do as much as I can myself." Another told us, "I need a lot of help recently but the staff are always there for me and will help in any way they can." However, one person had requested staff support them in a particular way in bed without the use of bed rails and this had not been respected. Staff had explained the risks to this person and told them it was to, "Keep them safe." This person had not been supported to remain independent. Their wishes had not been respected. Two other people were not regularly encouraged to move from their bed into other areas of the home. When we asked why these people remained in bed we were told this was because, "It is the only way we can meet their needs."

The provider did not always ensure people were supported to express their views and be actively involved in making decisions about their care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Care records held information which showed some people and their relatives had been involved in discussions about the planning of their care. However, few people we spoke with knew about their care plans, what they were or when they were reviewed. One person said, "There is one but I don't see it."

People's privacy was respected at all times. Relatives and visitors were warmly welcomed when they visited and staff encouraged them to join in any activities. One person had a visit from a health care professional and staff supported the person to go to their room for their treatment to ensure their privacy was maintained. Other people required support with their meal and staff provided this in a supportive and respectful manner, ensuring people were able to take their time to enjoy their meal. Staff supported staff in a calm, considerate and kind manner with prompts of, "Are you comfortable?" and, "It's alright no need to rush, take your time."

Requires Improvement

Is the service responsive?

Our findings

People felt able to raise any concerns they had about the home with staff, the registered manager or the provider. People told us staff were very approachable and responded to any requests or concerns in a prompt and efficient manner. Relatives told us staff were very approachable and always happy to have suggestions in support of their relative's care and welfare. One relative told us they had received a very prompt response to a concern they had raised with the registered manager.

Each person had an individual plan of care. On admission to the home, information had been sought from people, their families and representatives to gather a history of their life and personal preferences. This information had helped to inform care plans for people which included mobility, dietary and nutritional needs, mental health needs, sleep routines, communication, continence and personal hygiene needs. Care plans were personalised and had clear information on the support people needed. There were clear plans of care for mobility and moving and handling of people. People were supported to maintain their independence whilst promoting their safety. Care plans were reviewed by staff monthly or more frequently if required. However, the plans of care in place had not always been agreed with people. One relative told us they were involved in reviews of their loved one's care; however the person was not included in this conversation. Few people knew about their care plan or what was in it; they were not aware of any reviews of their care. People did not know if their care plans reflected their wishes although people told us they were happy they received the care they needed. Although the provider had sought the views of people, they could not always be assured care plans were a true reflection of people's wishes.

Daily records were maintained by staff to record the activities people had participated in during a day and the support and care they had received. There was information on all health and social care professionals' visits. Information from the daily records was then used to update care plans and records for people as appropriate. One person had become unwell, records showed they wished to remain in their room and receive care and support there. Care records had been updated and we saw these wishes had been respected.

The registered provider held meetings for people and their relatives and encouraged feedback from them about the care and support they received. Minutes of these meetings showed the provider took action following any concerns which had been raised with them. For example, one person had been unhappy with the standard of the cleanliness of their room in July 2014 and the provider had met and discussed this with the person and had addressed their concerns.

The provider had a complaints process in place which was available for people. They had received one formal written complaint in the twelve months prior to our inspection. This had been responded to in line with the provider's complaints policy and procedures and the outcomes shared with staff. People were happy to raise any concerns they had with staff or the management of the home and felt sure their concerns would be dealt with promptly. During our inspection we saw the registered manager responded promptly and effectively to any concerns raised and was well known to people who lived and worked at the home. A relative told us of an issue they had raised and how it had been dealt with promptly. They said, "Things are actually acted upon", and, "I would be completely happy to share any worries or concerns."

People were able to move around the home as they wished. They spent time in the communal lounges or dining room of the home or in their own rooms. Each person was encouraged to personalise their room and several rooms were decorated with memorabilia of the person's life. People said there were a range of activities available to them to participate in if they chose to. This included visiting Pets as Therapy (PAT) dogs, singing and dancing, games, film shows and reminiscing. People enjoyed a fun session of singing and dancing on the day of our inspection. People were excited about this activity and joined in with enthusiasm and staff supported people to enjoy it. Staff said they were not able to take people on trips outside of the home due to the provider's insurance; however they encouraged family members to take people out. One person had support staff from another service who visited regularly to assist them in external activities. The registered manager told us they were looking to encourage and support the use of day centres and other activities for people.

Requires Improvement

Is the service well-led?

Our findings

People felt the registered manager and staff at the home provided a very good safe and effective service. People told us, "Nothing is too much trouble, the staff, the manager, they are all lovely. I am so glad to be here," and, "They're very kind to me here, I only have to ask." One relative said, "Excellent communications, very open and always tell you everything."

An extensive programme of audit was completed by the registered manager and provider to ensure the home was safe and effective for people. These audits included; infection control, health and safety, medicines administration, care plans and environmental audits. The registered manager held a monthly work programme which they completed to assure the provider all of the identified actions were being addressed to ensure the safety and welfare of people. These audits had not identified the lack of risk assessments in place for some people in relation to their specific health or care needs, or their ability to consent. The registered manager acknowledged this work needed to be completed at the time of our inspection.

People and their relatives /representatives were encouraged to communicate with the manager and staff at any time. Care records showed relatives spoke with staff during their visits and information was shared with them, as agreed with the person, about the care their loved ones received.

People were encouraged to share their views on the home through quality assurance surveys. These were last completed in July 2014 and showed people were generally very happy with the home. An action plan had been collated from any comments raised and these had been actioned by the registered manager. These actions included setting up a relatives group; a piece of work which had been attempted but not been successful in the past.

The registered manager knew people who lived and worked at the home very well. They told us they promoted an honest, open and transparent workplace where people were valued for themselves. This was reflected in the way staff and people at the home interacted and enjoyed a calm and peaceful environment. Staff were clear about the need to provide a good service which promoted people's independence and ensured their safety. One told us, "There are good staff here who are consistent, not lots of changes. We work as a team, it's homely and clean and we do the best we can and link with district nurses. Residents get a good package." The registered manager was very visible to staff and people who lived at the home and was easy to communicate with. They offered support and direction whenever it was required and senior staff were always available to support staff in their work.

Regular staff meetings were organised and a standard agenda including policies and procedures, training, complaints, and information for staff on people new to the home was supplemented with any other issues staff wished to discuss. Staff found these meetings useful, gained feedback from the registered manager about any issues within the service/home and actions were completed by the registered manager following these.

Staff confirmed they received regular one to one supervision sessions every six to eight weeks. They discussed any concerns they may have, had an update on any matters about the home or people who lived there and reviewed the training they had received or identified any further training they required. Staff had a good understanding of their role and how to report any concerns to senior staff or management. They felt supported by management to report any concerns they had.

The registered manager monitored all incidents, accidents or areas of concern identified at the home. They ensured lessons learned following investigations from these events was identified and shared with staff and people as required. For example, the registered manager told us of one incident when staff had been aware of a possible concern but had not raised this with them immediately. Following a review of the incident, and once the matter had been dealt with to ensure people were safe, the registered manager discussed the concern, the investigation and learning with all staff at a meeting. The matter was also discussed with individual staff at their supervision. Staff were clear how they had learned from this incident and how this had helped to improve their awareness of safeguarding people.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not taken proper steps to ensure service users were protected against the risks of receiving care and treatment that was inappropriate or unsafe by means of the planning and delivery of care to meet service users' individual needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person had not made suitable arrangements to enable service users to make, or participate in making, decisions relating to their care and treatment. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not made suitable arrangements for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided. Where people were unable to consent to their care best interests decision making had

This section is primarily information for the provider

Action we have told the provider to take

not been followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014