

Nouvita Limited

# Howe Dell Manor

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Howe Dell Manor provides accommodation and personal care for up to 19 people with mental health needs. On the day of the inspection, there were 16 people living in the service with another person having recently been admitted to hospital.

We carried out an unannounced comprehensive inspection of this service on 29 January 2016 and rated it 'Good'.

The service does not have a registered manager. A new manager has been appointed but is not yet registered. 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.

An appropriate level of cleanliness was not maintained throughout the service. We found that people's bedrooms and a number of communal areas were unclean and the methods used by domestic staff when completing cleaning tasks were ineffective. The courtyard and communal gardens were poorly maintained.

People's needs had been assessed and care plans took account of their individual needs but lacked detail with regards to their preferences, choices and individuality. Individual risk assessments were in place however these lacked guidance for staff on how individual risks to people could be minimised. Care plans and risk assessments had been regularly reviewed by senior staff however it was not evident how people, and their relatives if appropriate, had been involved in the process and their views included in the planning of care.

A consistent number of staff on duty was maintained however people and staff raised concerns regarding the staffing level at the service. A formal staffing level assessment had not been completed by the manager and a recent change to the shift pattern worked by nursing members of staff was reported to have had a negative impact on the staff team.

People's capacity to make and understand the implication of decisions about their care were not consistently assessed or documented within their care records. There was no evidence that, where people lacked capacity to make or understand decisions, those made on their behalf had been made in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. However, people's consent was gained before any care was provided.

People told us there had been a recent deterioration in the quality of the meals provided at the service. People were supported to make choices in relation to their food and drink however inconsistent menu choices were offered due to the absence of regular kitchen staff.

A limited range of activities were provided at the service however we observed staff engage people in social conversations outside of times where there was a high demand for their assistance.

There was a complaints procedure and policy in place. People knew who to raise concerns with however the complaints book for people to record their concerns in was not confidential.

Quality assurance processes were not robust and there was a lack of evidence of any recent audits to check the quality of the services provided. There was no evidence as to how the completed audits were used to drive improvements in the service. The arrangements for the management and storage of personal documents for people living at the service was not robust.

People told us they felt safe. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. Referrals to the local authority safeguarding team had been made appropriately when concerns were raised.

Staff felt that they were trained and had the skills and knowledge to provide the care and support required by people. New members of staff received an induction.

Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Medicines were managed safely. Monitoring tools and audits of medicine stocks were completed regularly by nursing members of staff.

People's health care needs were being met and they received support from health and medical professionals when required however information recorded in relation to these appointments required further detail.

Staff were kind and respectful. People's privacy and dignity was promoted throughout their care. People were provided with information regarding the services available.

During this inspection we found the service to be in breach of 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 report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Appropriate standards of cleanliness were not maintained throughout the service. The courtyard and gardens were poorly maintained.

Risk assessments for people living at the service were completed however they lacked detail regarding the action staff should take to mitigate risks.

There were systems in place to safeguard people from the risk of abuse and staff had an understanding of how to use these processes.

Systems were in place for the safe management of medicines.

Safe recruitment processes were followed.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were not always followed.

People told us that there had been a recent deterioration in the quality of the meals provided at the service.

Staff had completed the training identified as being required by the provider.

People were asked to give consent to the care and support they received.

People were supported to meet their health needs and had access to a range of health and medical professionals.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff who were kind and respectful.

People's privacy and dignity were promoted by staff.

People were provided with information regarding the services that were available to them.

### **Is the service responsive?**

The service was not always responsive.

Care plans which reflected people's needs were in place and were consistently reviewed however they lacked personalisation. It was not clear how people and their relatives were involved in the review process.

There was a limited range of activities provided at the service.

People knew who to raise concerns with. A system to manage formal complaints was in place however the primary record for people to record their concerns was not kept confidential.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The service did not have a registered manager. A manager had recently been appointed but there was no clear management structure in the service.

Quality assurance systems were not robust and there was a lack of evidence of recent checks having been completed.

Arrangements for the storage of documents was not robust.

Staff were aware of their day to day roles and responsibilities.

**Requires Improvement** ●

# Howe Dell Manor

## 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 27 June 2017 and was unannounced. The inspection team was made up of one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at the service, two care workers, two nurses, one agency cook, and the manager. The operations manager from the provider organisation was also present during our inspection.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of three people who lived at the service, checked medicines administration records and reviewed how complaints were managed. We also looked at staff records and the training for all the staff employed at the service and reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People were not cared for in a clean and safe environment. We observed numerous areas of the service where appropriate standards of cleanliness had not been maintained. We observed on the first floor of the building that one person's bedroom was cluttered with dirty crockery, rubbish, food waste and unclean bedlinen was in use. For two other people, we saw that their rooms had items of clothing across the floor and numerous bags placed around the rooms. There were unpleasant odours in the bathrooms and some sinks and toilets had not been cleaned effectively. Throughout the building we noted that furniture, surfaces and windowsills were dirty and the décor was tired.

The courtyard and gardens were poorly maintained. We saw that the courtyard was littered with cigarette ends, used crockery and cups and within the gardens we observed a large brick on one of the lawns and a drain cover that was incorrectly positioned. This presented a trip hazard for people who accessed the garden. We also found a Medication Administration Record (MAR) discarded in the garden which had been damaged by fire. The manager explained that the service employed a groundskeeper and maintenance staff and could offer no explanation as to why the hazards we had identified were present. They could also offer no explanation as to how a confidential record relating to a person was found outside of the building or how it had come to be damaged by fire.

We spoke to the agency cook on duty at the service who told us that the kitchen was not clean and a fridge was broken. This was confirmed by our observations. We brought these issues to the attention of the manager who informed us that they would arrange an immediate deep clean of the kitchen and ensure that a replacement fridge was purchased.

Domestic staff were completing their duties during our inspection and we reviewed the cleaning schedule indicating what tasks they were to complete and the frequency of those tasks. We observed one member of staff completing their duties and for a number of tasks the methods they used and the cleaning products selected were not sufficient. We found that areas of the service where it had been recorded that daily tasks had been completed remained unclean. The poor cleanliness of the environment demonstrated that the cleaning regimes were not effective in providing a clean and hygienic home for people living there.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place for each person who lived in the service. An assessment was completed for each identified risk however there was a lack of information regarding what actions staff should take to reduce the risk of potential harm to people. For example, for one person a risk assessment detailed that they used a mobility aid to mobilise around the service however there was no information in relation to the risks posed to the person by the steps and the changes in floor levels throughout the building. There was no guidance for staff on how to support the person to stay safe. For another person, an assessment identified them at risk of falling however there were no information provided for staff in relation to this risk or what action they should take to mitigate the risk. Risk assessments that we viewed had been reviewed frequently

and included identified risks regarding health and wellbeing, nutrition and hydration, receiving personal care, medicines and specific medical conditions.

Accident and incidents had been reported appropriately and these had been reviewed by senior staff. However there was no evidence that this analysis was used to identify any trends or changes that could be made to prevent reoccurrence and reduce the risk of possible harm for people.

Assessments to identify and address any risks posed to people by the environment had been carried out including a fire risk assessment. Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the service if there was a fire. We observed fire fighting equipment throughout the building. However, we observed two people's bedroom doors being held open by door wedges and as these doors were fire resistant doors, leaving them open rendered them ineffective should a fire occur in the service. We also saw that the loft space was being used as storage for a large amount of paperwork, some building materials and cleaning equipment which presented a fire hazard. There were smoke detectors within the loft spaces but no fire doors or wall partitioning to prevent fire from spreading. We raised our concerns with the manager and the provider who advised us that they would contact the local fire authority for advice as a matter of urgency.

We received consistent views from people and staff about the staffing levels in the service. One person told us, "There's not enough of them [staff]." Another person told us, "They seem unhappy and under pressure." A member of staff told us that they felt, "The recent change in staffing has put stress on all of us." Other staff we spoke with confirmed that at times they felt there were not enough staff on duty to complete the tasks that were required. We looked at the rotas and the care plans of people living at the service. These indicated that there would be sufficient staff on duty to meet the needs of people however recent changes made to the hours worked by nursing staff had raised concern amongst people and staff. We discussed staffing with the manager who informed us that, since commencing their role, they had completed a number of observations within the service, reviewed the duties and responsibilities of all staff and the support required by people. This had led to a decision being reached to reduce the hours worked by nursing staff and have the hours covered by a member of care staff. There were no records of this review and a formal staffing level assessment which considered the needs of people and ensured safety whilst considering the layout of the building was not in place. The manager told us they would address the concerns expressed with people and staff and complete a formal staffing level assessment.

There were effective recruitment procedures in place. We found that the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

People we spoke with said that they felt safe and secure living at the service. One person said, "Yes, I'm ok here. I'm safe." Another person told us, "It's ok here. We come to no harm."

There was a current safeguarding policy and information about safeguarding was displayed in the entrance hallway. All the members of staff we spoke with told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams. Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm.



Medicines were managed safely. There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to. We reviewed records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturers guidelines. Nursing members of staff carried out regular audits of medicines so that that all medicines were accounted for and these audits aided the ordering and stock control of all medicines in the service. These processes in place helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.

## Is the service effective?

### Our findings

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.

People were unable to tell us the extent of their involvement in capacity assessments or decision making. We saw care records that showed a lack of involvement from people and found that they lacked robust information as to people's ability to make and understand decisions in relation to their care and support. We also found that people's capacity to make and understand the implication of a certain decision regarding their care and treatment was not consistently recorded as having been assessed or documented.

We saw that decisions had been made on people's behalf and there was no evidence that these were made following discussions or consultation with the person, relatives or relevant health professionals, therefore we could not establish if these were in people's best interest. For example, we saw that one person had undergone an invasive medical examination. There was no capacity assessment completed for the person to establish if they had capacity to accept or refuse this examination. There were no records of a best interest process to establish if this examination was in the person's best interest. We also saw a reference in the care plan review for the same person that they 'received medication covertly'. Covert medication is when staff administer medicine without the person's knowledge or consent; for example, disguising it in food or drink without the person knowing. We found that there was no assessment for this decision or evidence of consultation with the person or the prescribing medical professional for medicines to be administered in this way.

The senior staff that we spoke with demonstrated a good knowledge about the MCA's principles and understood their roles and responsibilities. They told us that they were concerned that the records held did not evidence the involvement of people in decision making and how their capacity was assessed and would take action to develop this area of record keeping.

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

People told us that staff sought their consent. One person told us, "Staff always knock at my door before entering and male staff don't come into my room." Another person told us, "They ask me. I don't say yes all the time."

Members of staff told us that they always asked for people's permission before providing them with care.

One member of staff told us, "I ask beforehand and with one of our residents when showering I wait for them, make sure the door is closed and help them choose their clothes." Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them. Where people refused, we saw that their decisions were respected. Records confirmed that people, or their relatives where appropriate, had given their written consent to the care being provided upon admission to the service but it was not clear if this had been reviewed in light of any changes in people's care needs or the care they received.

People told us that there had been a recent deterioration in the quality of the food and meals provided at the service. One person told us, "We had very good cooking here but three weeks ago the chef left and the staff did the food." Another person told us, "Too many chips and too many pizzas." A member of staff told us, "It has been up and down with the kitchen lately and we've run out of some things because the order has not been done. Sometimes the planned meal has been changed or it's been the same things but it's an agency cook. People still have had a choice of menu every day though and drinks are available all day."

We spoke to the manager about the meals provided in the service who confirmed that the previous chef had left employment. A new chef was starting work in the coming weeks and they informed us that during the interim period an agency cook was providing cover. We spoke to the agency cook on duty during our inspection who told us, "The handover about menus was limited. I was given a list by staff in the office but I have had to change a few meals as there haven't been the right foods." They went on to say that it was hard to complete the tasks that were required of them as they were working alone.

People had been asked for likes and dislikes in respect of food and drink prior to moving to the service and their preferences were recorded. People told us that they were involved in the planning of the weekly menus during meetings but it was clear from speaking to the agency cook and members of staff that this was not happening whilst the service was without a consistent member of kitchen staff.

Members of staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments. This information included allergies and medical conditions such as diabetes but it was not clear how this information was communicated to or maintained in the kitchen due to the agency cook's lack of knowledge of any systems in place.

We observed that the lunchtime meal was served in a relaxed and pleasant manner. People and staff sat together during the meal and chatted in a social manner. People were seen to enjoy the food and were able to help themselves to a variety of drinks that were available. No one at the time of our inspection required specific equipment or assistance however the members of staff present in the dining area encouraged people, when identified, and offered support.

People told us that they thought staff were trained and had the skills required to provide the care needed. When asked about the knowledge and abilities of the staff team one person told us, "Staff here are excellent." Another person commented, "Staff know what they are doing."

Staff told us that there was an induction period for new members of staff and a training programme was in place. One member of staff told us, "We do keep up to date with our training." Another member of staff told us, "I rate the online courses five out of ten. Much better talking to someone." Another member of staff explained to us that during a recent meeting the overall training for staff was discussed and a list of training requirements was compiled. Staff explained to us that training for all staff was a mixture of online learning, training courses and shadowing other members of staff. Training records that we viewed confirmed this.

Staff had mixed views when we asked if they felt supported in their roles. Staff had not received supervision on a regular basis. One member of staff told us, "I haven't met with the new manager yet but I talk to the seniors or nurses if I need to." Another member of staff told us, "I am not shy in speaking up for myself if I have to report anything." The manager explained to us that they were addressing the lack of recent supervisions and that they had planned sessions with all staff in the coming month.

People told us that they were supported to maintain their health and well-being and were assisted to access health care services, when needed. One person told us, "I've been taken to the doctor by [Name of member of staff]." Another person we spoke with confirmed that they had been supported to attend their dentist and chiropody appointments. Records confirmed that people had been seen by a variety of healthcare professionals including the GP, nurses and mental health practitioners however the reason for attending appointments was not always recorded. There was also a lack of information regarding the outcome of the appointments or any action in the future that may be required. We spoke to the nurses on duty who confirmed that action would be taken to address this.

# Is the service caring?

## Our findings

People told us that they were satisfied with the care they received and that staff were friendly and attentive. One person told us, "Staff here are very good at what they do." Another person said, "[Name of member of staff] is good." A third person told us, "They are marvellous. [Name of member of staff] works like a Trojan."

Staff told us that they knew people and understood their preferences with regards to their care needs. One member of staff told us, "We get to know people by spending time with them. Some people have been here for a number of years and we know them well now." Another member of staff told us, "We have red folders in the office to look up resident's medical history, everything we need to know." They went on to explain how they used their knowledge to provide day to day support to people, engage people in conversations and provide comfort during periods of distress. However we found that information in care plans did not always provide clear guidance to staff to enable them to care for people and they lacked information in relation to people's individuality such as hobbies and interests, past life events and occupations.

People we observed appeared at ease and relaxed in the company of staff. One member of staff told us, "We spend time chatting with residents to understand and care for them. We observe and discuss any behaviour changes or high or low moods." Staff spent time, engaged in conversation with people throughout the day and took time to ask people questions and understand their needs.

We observed interactions between staff and people that lived the service and found these to be kind and respectful. One person told us, "The care workers make it a friendly environment." We observed members of staff using each person's name, responding to requests for assistance and enquiring about people's wellbeing as they completed their duties or passed people by in the corridors.

People told us staff protected their dignity and treated them with respect. One person told us, "I'm very pleased with their kind assistance when I have a bath. Staff are wonderful." Another person told us, "I'm able to play my guitar in my room without anyone complaining which is a comfort." Staff members were able to give examples in which people's privacy was protected and their dignity was preserved such as knocking on doors before entering, making sure they offered assistance to people in a discreet manner and ensuring that people were provided with their own space and time during periods of distress or agitation. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There were a number of information posters displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure and planned meetings. Information from external organisations and local health service teams that provide services to people with mental health needs was also available in the entrance. This meant that people received information on the services that were available to them.

## Is the service responsive?

### Our findings

People had care plans in place however they lacked personalisation and detailed information. The care plans followed a standard template which included information on people's care needs and the risks associated with their care but lacked detailed information on personal background, individual preferences along with their interests. We found that the care plans reflected people's current needs however there was no information provided in relation to people's development and progression to improve their health and well being and there was a lack of guidance for staff on how to support people. Care plans had been reviewed and updated regularly with changes as they occurred but it was not clear how people or their relatives where required, had been involved in this process from the records that we viewed.

People had mixed views when asked if they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "I get involved with my care plan, we talk about the ten star programme and I ask questions about how I'm doing." Another person told us, "I never discuss my care plan." A third person told us that they didn't know if they were involved or not. Records we viewed showed that assessments were undertaken to establish whether the service could provide the care people needed however there was a lack of information to show whether people had been involved in the completion or review of their plan of care.

People told us that they had limited opportunities to take part in activities. One person told us, "There's not much going on." Another person told us, "It's boring here. I go to town by taxi and go shopping." A member of staff told us, "There's just [Name of activities co-ordinator] for everyone which is difficult and we don't have the time to do activities. We sit and chat with people when we have the chance though." Our observations confirmed that there was little in the way of stimulation or activities in place for people on the day of our inspection.

Activities were provided by an activity co-ordinator, members of staff on duty and visiting professionals. Members of staff we spoke with were able to describe some of the different activities that people enjoyed however they felt that many people living in the service lacked motivation. One member of staff told us, "People just want to sit around or go outside and smoke. We try to talk to people and get them to do something but often they are just not interested." The activity co-ordinator spoke positively about their role, which they had recently commenced, and spoke about their plans for the future in order to improve the activities available to people. We observed them interacting positively with people however on the day of our inspection they did not have any planned activities and they were involved in supporting a number of people to attend health appointments.

During the afternoon of our inspection we saw an exercise training programme being delivered by an external company. We spoke to the group leader who informed us that they visited the service for three sessions per week and the aim was to deliver therapy exercise and increase people's wellbeing. We observed that five people joined the session on offer however the high volume of noise from the group caused distress to another person.

People we spoke with were not aware of the formal complaints procedure but were able to say who they could raise concerns with. One person we spoke to told us, "I speak to any staff. We also have a Monday meeting where we can talk about anything." Another person told us, "I just tell the staff. They listen."

There was an up to date complaints policy in place and a book for recording complaints available in the entrance hallway. We saw that where complaints had been recorded, action was taken and the outcome recorded. However we discussed with the manager that by having the record book openly available in the hallway the complaints that were made were not confidential. This meant that people, staff and visitors could view the complaints that people had made and did not provide people with a confidential method of raising a concern. The manager told us they would consider an alternative method for people to raise concerns.

## Is the service well-led?

### Our findings

The service did not have a registered manager. The manager in post had previously worked at another location belonging to the provider and was intending to complete their registration. There was no deputy manager in post at the time of our inspection and it was not clear what the management arrangements for the service were when the manager was absent. A review of the management and senior staff at the service was planned by the provider.

Quality assurance systems were not robust and there was a lack of evidence to demonstrate how processes in place were used to assess and monitor the quality of the service and drive improvements. The provider had a quality assurance policy in place which detailed what audits and checks had to be carried out at the service however it was not clear if these audits had been consistently completed and the manager of the service was unable to provide evidence from recent checks. In addition, the report, and associated action plan, from checks completed by the local authority could not be provided.

A recent satisfaction survey for people living at the service had not been completed, however we were informed that the provider had conducted a survey for members of staff. We requested that the findings of this survey, and any outcomes, were forwarded to us following our inspection; however this information was not provided.

Arrangements for the management and storage of data and documents were not robust. As reported in the safe domain of this inspection report, we found a Medication Administration Record (MAR) belonging to a person living at the service in the communal gardens. We also found a large number of documents and records stored in the loft space and whilst these were secure, members of staff were unable to locate records that we requested as part of our inspection and were not clear on the location of people's care records within this storage.

However, we saw that current care records were stored securely within the computerised system with password protection or within cabinets in the staff office. This meant that these confidential care records about people could only be accessed by those authorised to do so.

There was a lack of effective governance systems in place at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with were all aware of who the manager was but did not find them approachable. One person told us, "He's just said hello and spends his time on the PC for most of the day." Another person told us, "He's not approachable. They need an open door policy."

Staff told us that they did not feel there was an open culture and felt cautious of the management. One member of staff told us, "I'm not happy with some of the changes and don't feel able to speak up." Another member of staff told us, "It's unsettling with a new manager and there is a divide in the staff team."



Staff were aware of their day to day roles and responsibilities and were clear on the lines of accountability within the staff structure, however they told us that they did not feel consulted with regarding the development of the service or decision making. One member of staff told us, "We're just doing our day to day work. I'm not aware of any future plans." Another member of staff told us, "We've had some recent meetings but the way forward is not clear." Members of staff we spoke with confirmed that they had attended previous meetings however it was not clear how staff were notified of forthcoming meetings or how they could request topics for discussion. Records provided showed that two meetings for senior staff had been held in recent months. Agenda items discussed included reflective practice, safety and maintenance, decision making, restrictions and DoLS.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People's capacity to make and understand the implication of decisions about their care were not consistently assessed or documented within their care records.  There was no evidence that, where people lacked capacity to make or understand decisions, those made on their behalf had been made in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Appropriate standards of cleanliness were not maintained throughout the service.  The courtyard and gardens were poorly maintained and contained litter and debris.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems were not robust and there was a lack of evidence to demonstrate how processes in place were used to assess and monitor the quality of the service and drive improvements.  Arrangements for the management and storage

of data and documents were not robust.