Highcleeve Limited

Horton House Residential Care Home

Inspection report

Horton House Residential Care Home
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Tel: 01452524615

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 January 2016 and was unannounced. Horton House Residential Care Home provides accommodation for up to 23 older people. At the time of our inspection there were 20 people living there.

There were 15 people living with dementia in the home. People in 12 bedrooms had en-suite facilities. They also had access to a shared bathroom and shower room as well as living and dining areas. A conservatory at the rear of the home additional space for activities and to meet with visitors. The grounds around the home were accessible to everyone.

Horton House Residential Care Home 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 were being deprived of their liberty to keep them safe from harm. 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 Mental Capacity Act 2005.

People received personalised care which reflected their individual wishes, likes and dislikes and routines important to them. Their capacity to consent to aspects of their care had been assessed and decisions taken in their best interests when needed. People were offered choices about their day to day lives and staff respected their decisions. People had positive relationships with staff who treated them respectfully and kindly. Staff offered reassurance when people were upset or anxious and helped them to become calmer. Staff had a good understanding of people's needs which were clearly detailed in their care plans. Changes to people's needs were responded to in a timely fashion to help them stay well and to ensure they had access to the appropriate health care professionals. People's medicines were managed safely.

People were kept safe from harm. The recruitment and selection of staff was satisfactory ensuring they had the right skills and knowledge to meet people's needs. There were sufficient staff to support people and staffing levels were adjusted when people were unwell or needed additional support. Staff were supported to keep their knowledge up to date, completing a range of training including courses specific to people's needs such as dementia. Staff felt supported in their roles and were proud of their professional development.

The home was managed well and the registered manager had high expectations of the staff team and the standards of care delivered. A relative told us, "The registered manager is proud and particular, staff do their utmost to keep up her standards." Robust quality assurance processes monitored the quality of the service provided. People, their relatives and staff were encouraged to voice their opinions about the service and action was taken in response. The registered manager worked effectively with health care professionals and

external local and national organisations to promote people's health and well-being and best practice. A relative commented, "The care you show, not just to my mother but to other residents, is second to none."

We found a 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 full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were kept safe from the risk of abuse or harm. Staff had a good understanding of people's needs and how to support them to cope with their feelings and emotions.

People were protected against the risk of harm. Accidents and incidents were closely monitored and action was taken to prevent the potential of further injury.

People were supported by sufficient staff with the skills and knowledge to meet their needs.

People's medicines were administered and managed safely.

Is the service effective?

Requires Improvement

The service was not always effective. People who were being deprived of their liberty, to keep them safe, did not have the appropriate authorisations in place.

People were supported to make choices where they could. When they were unable to make decisions, these were done in their best interests in line with the essence of the Mental Capacity Act 2005.

People were supported by staff who had the opportunity to acquire the skills and knowledge to meet people's needs. Staff were supported to develop professionally.

People's dietary needs were considered to make sure they had a balanced diet. People's health and well-being was promoted and they had prompt access to health care professionals when needed.

Is the service caring?

Good

The service was caring. People were treated with kindness and care. Staff reassured them when needed and engaged with them positively.

People and their relatives were involved in making decisions

about their care and support.

People were treated with dignity and respect and their independence was promoted. People discussed their end of life wishes and were supported to have a comfortable and pain free death.

Is the service responsive?

Good

The service was responsive. People received individualised care which reflected their changing needs and took into account their views and wishes.

People were they could talk through any worries or concerns, which would be listened to and action taken to address any issues they raised.

Is the service well-led?

Good

The service was well-led. People benefited from a service which had a clear vision and culture. The views and opinions of people, their relatives and staff were encouraged and listened to, making improvements to the service provided.

The registered manager was open and accessible, promoting high standards of care. Staff felt supported and shared her visions.

Horton House Residential Care 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.

The inspection took place on 5 and 6 January 2016 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a provider information return (PIR). The PIR 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed information we have about the service including past inspection reports and notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we talked with five people living in the home, three visitors and a health care professional. We spoke with the registered manager, a representative of the provider, four care staff, the cook and two domestic staff. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for two staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. After the inspection we contacted six health and social care professionals.

Good

Is the service safe?

Our findings

People were safeguarded against the risk of abuse and harassment. They told us, "I am ok, I am safe" and "I feel safe living here". A relative commented, "I am reassured (she is safe), I never ever come here and see anything untoward." A health care professional confirmed, "I always felt the residents were safe." Staff had a sound knowledge of how to protect people and what to do if they had any concerns about their well-being. They said, "We notice any changes in people or any unexplained bruising, we record it and tell the manager". They confirmed the manager would take the necessary action to keep people safe.

One person's care records clearly stated how staff were to keep them safe from harm due to safeguarding issues. The registered manager told us how they had discussed safeguarding concerns with the local authority. They had kept comprehensive records of any incidents with their response and the action they had taken. They had notified the Care Quality Commission (CQC). CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. Information about local safeguarding procedures was available. Safeguarding policies and procedures had recently been reviewed and staff had updated their safeguarding training. The registered manager assessed the understanding of staff with respect to their responsibilities of keeping people safe through discussion at staff meetings and questionnaires. The provider information return stated Horton House had taken part in a national project to "capture the voice of older people living in care homes asking if they felt safe".

At times people struggled to manage their emotions. Staff had a good understanding of what might upset people and how to help them to become calmer. Staff described the strategies they used such as offering people a drink or giving them some space. These reflected guidance in people's care plans. A relative commented, "They pick up on her moods and emotions and know which buttons to press to calm her down." The registered manager said they had the support of health care professionals when needed to review any changes in people. She also confirmed staff would not use physical intervention.

People were supported to be independent whilst risks were managed to keep them as safe as possible. Risk assessments described how any hazards were reduced and what strategies had been put in place to prevent harm. For example, where people had experienced an increasing number of falls, their physical health was checked to make sure they did not have an infection which could have caused this. They were also referred to health care professionals for a review of any equipment which could be introduced such as a new walking frame or an alarm to alert staff when they had moved out of their bed. Accident and incident records were kept detailing when these had occurred and the circumstances around the event. The registered manager looked out for any emerging themes and kept robust records exploring the accident or incident. Any planned action in response to these was noted. There was evidence the risks to people of falling had been reduced as a result of the action taken.

People at risk of developing pressure sores received care and attention to prevent these deteriorating further. The relevant assessments had been completed and people's nutritional needs were considered as part of their overall care and support. People had been supplied with pressure relieving equipment such as cushions, protective boots and mattresses. Community nurses were involved, providing the necessary

treatment. They said, "Staff always ring with any concerns and always act upon our advice."

People were protected against potential emergencies. People had individual assessments in place with regards to fire which detailed how they would be helped out of the home when needed. A colour coded system was used to prioritise people who needed to be evacuated first. Fire drills had been carried out and the involvement of staff was monitored. Fire systems were monitored and serviced at the appropriate intervals. The building was well maintained and the necessary servicing and maintenance contracts were in place to make sure a safe environment was kept. A business continuity plan was in place for major events such as flooding or utility failures. Staff confirmed there was a system for contacting managers out of hours.

People were supported by enough staff with the right skills and knowledge to meet their needs. During a handover staff were unanimous in their response to whether the staffing levels were flexible enough to meet people's changing needs. They gave examples of when staffing levels had been adjusted to meet people's needs, such as making sure additional staff were available to provide one to one support when a person was unwell. The registered manager also recognised there had been times in the last twelve months when levels had been adjusted to reflect lower numbers of people living in the home. She appreciated the response of the staff team during this time. Care staff were supported by domestic staff and cooks who also worked seven days a week, allowing care staff to concentrate on meeting people's care needs. People told us they were "very happy" with the staff team and health care professionals commented, "I can't speak highly enough of the staff".

Safe recruitment procedures made sure that when new staff were appointed this was done thoroughly ensuring all checks had been completed to assess their competency. New applicants completed an application form which provided a full employment history. A checklist confirmed when documents had been received such as references, a Disclosure and Barring Service (DBS) check and a health questionnaire. The registered manager confirmed new staff completed an induction which included registration for the new care certificate. She said she valued the probationary period to assess the competency of new staff and to make sure they had the appropriate values and attitude towards their role.

People's medicines were managed safely. Everyone living in the home needed help from staff to take their medicines. People had their medicines at times to suit them and staff checked to make sure they were given at the appropriate intervals. The medicine administration charts (MAR) had been completed satisfactorily. Stock records for medicines were kept on this chart. Additional records were kept for some medicines which needed to be administered by two staff. Observations of medicines being given to people confirmed the safe administration of medicines. People were asked if they wanted medicines to be taken "as necessary". Staff closely monitored the administration of these medicines to make sure the maximum amount to be given was not exceeded. The temperature of storage facilities for medicines was monitored including a medicines fridge to make sure medicines would not be damaged. Staff confirmed they had completed training in the administration of medicines and their competency was monitored through observations of their practice. A health care professional commented, "The staff are very receptive to any suggestions that we have made relating to the ordering, storage and administration of medicines." Horton House had taken part in a local project overseen by a community pharmacist group to review all people's medicines and to work with their GP to make sure medicines were being prescribed effectively. An inspection by the supplying pharmacy in 2015 concluded, "All systems very robust, excellent home."

People were safeguarded from the risk of infection. Infection control procedures reflected national guidance. Domestic staff confirmed they worked to a cleaning schedule and carried out deep cleaning for people's bedrooms as well as communal areas. An annual infection control report had been produced in 2015 confirming staff had completed training in infection control and there had been no outbreaks of

infectious diseases.

Requires Improvement

Is the service effective?

Our findings

People were being deprived of their liberty to keep them safe from harm. 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 Mental Capacity Act 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed they had submitted urgent authorisations in the past. Although the registered manager was aware of the latest guidance in relation to the Deprivation of Liberty Safeguards (DoLS) and advice had been sought from the local authority in 2014, no applications had been submitted for people living in the home whose liberty had been restricted to keep them safe. The registered manager described how people, who lacked the capacity to consent to their care and support, were safeguarded from harm by staff supporting them to remain within the home and the grounds or supervising them when out in their local community. There were some restrictions in place such as a keypad to the front door which some people were unable to use.

The provider was not acting in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager confirmed they had submitted applications to the supervisory body for people deprived of their liberty.

People's care records identified whether they were able to consent to all or aspects of their care and support. When people had fluctuating capacity to consent to some of their care this was recorded, indicating when this may happen and how staff should support people at this time. For example, a person living with dementia occasionally became disorientated due to poor health. Staff were directed to "make a decision on their behalf, considering their feelings, beliefs and wishes when well". People living with dementia or other conditions had been assessed in line with the recommendations of the Mental Capacity Act 2005 (MCA). The 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. There was evidence when decisions had been made in people's best interests and who had been involved in this process for example, their relatives and health care professionals. One person had been appointed an Independent Mental Capacity Advocate (IMCA) prior to moving into Horton House. Some people had a lasting power of attorney (LPA) appointed who had the legal authority to make decisions on their behalf, in their best interests. The registered manager said they had seen records confirming the LPA.

People were observed being offered choices about their day to day lives such as what to eat, drink and where and how to spend their time. When people refused help or support this was respected and staff offered again later to check whether they had changed their mind.

People were supported by staff who had the skills and knowledge to meet their needs. Staff confirmed they had access to training to refresh their knowledge and as part of their on going professional development. Training considered mandatory by the provider, such as first aid, moving and handling and fire had been completed by all staff during 2015. Some staff had been registered for the Diploma in Health and Social Care. Other staff had completed training in dementia awareness and a dementia lead had been appointed. The provider information return (PIR) stated, "All staff attend mandatory training with staff acquiring further qualifications to benefit requirements of our service users." The registered manager confirmed she monitored the training needs of staff and used a mix of training providers to deliver courses both within the home and externally. The competency of staff had been monitored through individual meetings and their knowledge assessed using a quiz and questionnaires. A health care professional told us, "Staff are like a sponge, they are willing to learn for the sake of their clients."

People said the "food is very good", "the food is alright" and a relative commented, "the food is lovely and it is home cooked". People's nutritional needs had been assessed and when they were considered to be at risk of malnutrition or dehydration care plans described how they were supported to eat and drink well. The malnutrition universal screening tool (MUST) was used; this was a screening tool which identified people who were malnourished. This indicated how often people were to be weighed either weekly or monthly depending on the risks to them. Food and drink monitoring charts were used to check on how much people were eating and drinking. The cook discussed how they fortified people's food with full cream milk, butter and sugar to help them maintain their weight. High calorie snacks such as milk shakes and prescribed dietary supplements were also provided. There was evidence this regime was proving successful for some people either maintaining or helping them to put on weight.

People enjoyed a varied menu which reflected their likes and dislikes. People were offered an alternative meal if they did not like the main meal of the day. Food was plentiful and people were offered choice about whether they wished accompaniments to go with their meal. People were provided with help or support if needed. The dietary needs of people living with diabetes were taken into account and they were provided with sugar free deserts. Some people needed their food to be blended. We discussed with the registered manager the presentation of this food for example pureeing the food items separately or together. They said they had tried several ways of doing this and opted for the best way for each person to suit their individual tastes and to encourage their appetite.

People had access to a wide range of health care professionals. Horton House received an enhanced GP service, with a named GP and a named community nurse. Community nurses said, "Staff take on board our recommendations and have very good communication with us." When people's needs changed they were referred promptly for advice or treatment. A health professional told us, "Staff always ring with any concerns and act upon any guidance given." Full records were kept of appointments and staff confirmed communication about changes in people's support and treatment was handed over to staff in a timely fashion. This was observed during the inspection when a person's treatment was changing daily; staff had been kept informed as changes occurred and during handovers. A relative also commented staff had quickly picked up on a health issue so that it was dealt with promptly reducing the need for an admission to hospital. A profile had been set up which could be completed providing emergency services with information about people's health and medicines.

Good

Is the service caring?

Our findings

People had positive relationships with staff who treated them kindly, with sensitivity and care. People told us, "Staff are very pleasant, I can't fault them", "Very good care" and "Staff are very good". Relatives commented, "Fantastic, kind, caring and thoughtful", "Nothing they won't do to help" and "They are kind, above and beyond". Other relatives confirmed this saying, "Staff show genuine care for people, it's like coming into your own home" and "The care you show, not just to my mother but to other residents, is second to none". Health care professionals reflected, "I can't speak highly enough of staff" and "Staff are very caring". People were observed sharing tender moments with staff, who reassured them when upset and who laughed with them when happy.

People's individuality and diversity was recognised and celebrated. One person did not speak English and staff had learnt key words in their own language to communicate with them. Staff were observed doing this effectively and the person responded enthusiastically to them. Another person had stated they did not wish to be supported by men with their personal care and this was respected. People's spirituality and religious beliefs had been discussed with them and they had the opportunity to attend local places of worship or to attend services held at the home.

People's life history and backgrounds had been reflected in their care records providing staff with information which could help them to understand people particularly those living with dementia. For example, staff supported one person to continue to carry out tasks around the home they would previously have done as part of their past career.

Occasionally people became upset or anxious and staff revealed their understanding of people by anticipating what would cause this and reassuring them or encouraging them to do something which would help them to become calmer. Staff responded quickly to people, engaging with them in a meaningful way. Relatives commented, "They reassure people without being patronising" and "Staff have a nice rapport with people". Another relative was very appreciative of the foresight of staff who always sat with their relative when they left; helping to ease any distress they might feel. Health care professionals told us, "I feel [staff] go the extra mile for their residents."

People and their relatives were involved in planning and reviewing their care. Relatives confirmed they were kept up to date with changes in people's needs: "They phone me to keep me informed." Another relative told us, "They will get in touch if there is anything they can't deal with." People were supported to make decisions about their care and support and given information to help them do this. The registered manager said they had used photographs and pictures to help people to make choices. Some easy to read information was displayed around the home for instance telling people how to access local advocacy services.

People's privacy and dignity was respected. Personal care was provided discreetly and sensitively. People were supported to be independent whether with aspects of their personal care, mobility or helping around the home. People volunteered to help prepare serviettes for meal-times and help each other with activities.

The provider information return stated, "Staff aim to promote service users independence with positive risk taking and lots of encouragement." People's preferred names were noted in their care records and staff were heard respecting these choices. People's relatives visited whenever they wished. A relative had thanked the provider for "the welcome we receive when visiting. It is lovely".

People and those important to them had discussed their end of life wishes which were recorded in their care plans. People would be supported to remain in the home as long as possible if that was their wish. Some people had do not attempt cardiopulmonary resuscitation (DNACR) orders in place which had been discussed with them or their legal representatives and signed by their GP. The registered manager described how she co-ordinated services, support and treatment by the GP, community nurses and palliative care teams to make people's journey as peaceful as possible. Medicines and equipment were reviewed as needed and supplied promptly when changes were made. Relative's feedback to the registered manager included, "The warmth and kindness you extended to him in his final years" was appreciated and "He couldn't have been treated better, especially at the end of his life".

Good

Is the service responsive?

Our findings

People received personalised care which reflected their individual needs. Their care records reflected their likes, dislikes, routines important to them and the support they needed to maintain their independence and health. One person said, "They [staff] seem to understand what I want." Health care professionals confirmed people received "very person centred" and were "well cared for in a person centred manner".

People's care enabled them to continue to be independent focussing on their strengths and helping them to maintain these for as long as possible. For example, staff were guided to prompt people to walk with mobility aids and to promote their continence. The needs of people living with dementia had been considered when changes were made to the environment. Redecoration of communal areas was muted, with good use made of photographs and pictures. People were able to walk around communal areas which created a natural circle which suited the needs of people living with dementia. Whilst walking they could be encouraged to join in activities in the lounge or have food or drink from the kitchen. Signage helped people to find their way around the home. One relative commented, "Mum has never stopped talking about the sign on her bedroom door. Thanks for making it for her." Staff were knowledgeable about how to support people with sundowning. Sundowning affects some people with dementia which may result in them becoming more confused or agitated in the late afternoon and in the evening or as the sun goes down. Staff said they arranged calming activities, such as playing music or merely being with people to reassure them.

People's care plans had been kept up to date reflecting changes in their needs and they had been reviewed at regular intervals. For example, a person who had deteriorating skin condition had been referred to the appropriate health care professionals. Additional equipment had been put in place such as a pressure relieving mattress and pillows to support their ankles and arms. Staff had kept records evidencing the person had been repositioned every two hours as advised by health professionals. The person's food and fluid intake had also been closely monitored to help maintain the condition of their skin. Health professionals said staff provided "consistency and continuity of care" by "taking on board our recommendations".

People enjoyed a range of meaningful activities both inside and outside of their home. People had been consulted about the activities they would like to participate in. People who remained in their rooms were observed having access to books and newspapers. Those people who were in bed had music they had enjoyed when well, playing in their room. People had been involved in national celebrations for Victory in Europe (VE) day, reminiscing about where they were and how they felt. People were observed enjoying a game of bingo and exercises with a ball. Some activities were provided by staff and others provided by external people. These included memory sessions, drama, music for health and music. People had newspapers and magazines of their choice delivered. Some people liked to go to a local social club or out with friends. People were encouraged to maintain community links with people from their cultural background. Video and digital services were used to give people access to films and television in their own language. One relative commented, "The activities and entertainment in the lounge make her feel at home."

People told us they had no worries about their care. They said they would talk with the staff or the registered

manager if they had any concerns. Relatives had confidence the registered manager would take any action if they raised concerns with her. Relatives commented, "We have had no serious issues, only minor and they were sorted out promptly" and "I talk to the registered manager or whoever is in charge if I am unhappy about anything". The complaints procedure was displayed in the reception areas. People were able to raise issues at meetings and at reviews of their care. The registered manager had recorded two concerns which had been raised and the action she had taken in response. She shared five compliments received in 2015 which included, "Thank you for your kindness to me, I will miss our chats", "He couldn't have been treated better" and "[Name] was well looked after".

Good

Is the service well-led?

Our findings

People, their relatives and staff were asked for their views about the service provided and their responses were used to make improvements. For example, staff had commented they would like to see the range of activities increased. Clubs were being researched for one person to attend and staff were encouraged to arrange activities during the morning and afternoon. Annual surveys had been sent out for 2015 and the registered manager said she would be collating the feedback to produce an annual report. A developmental plan for the home for 2015 identified areas for improvement such as adding en-suite facilities to four rooms and improving the gardens to the front of the property. These had been achieved. The registered manager said plans for the future included on going environmental improvements to the house and reviewing the system used for care planning.

People told us "It really is a good home" and "I have no complaints". Relatives commented, "We rate the home really highly". This was confirmed by health care professionals who said, "I have always found Horton House to be exceptional in their processes and care" and "I was very impressed (with Horton House)". They all commented on how accessible the registered manager was, who promoted open communication with them. They also mentioned that the home was "well managed", "well led" and "the manager is supportive and proactive with staff". Staff reflected on the expectations of the registered manager to deliver a high quality service. One said, "I would bring my nan here" and a relative commented "The registered manager is proud and particular, staff do their utmost to keep up her standards".

The registered manager worked alongside staff, observing their practice and people's experience of care. She was passionate when describing her vision for the service to "make sure service users are happy, regardless of their stage of dementia" and "to understand service user's needs, to work well with multi-disciplinary teams to effectively meet those needs". She recognised the challenges of achieving this as well as making sure everything was kept up to date with changes in legislation and best practice. With respect to this, she was on the board of a local care home provider's association, "to speak out for my home and for people". She said this helped her to share best practice and highlight how local resources could be used effectively, for example care homes providing rehabilitation for people being discharged from hospital. The provider information return stated the registered manager and senior staff had continued their own professional development by attending local and national training events sharing best practice around dementia and care for older people. Access to these resources was having a positive impact for people living with dementia for example changes to their environment and provision of meaningful activities.

People benefited from robust quality assurance processes which monitored health and safety systems ensuring checks for fire, water, equipment and the environment were carried out at appropriate intervals. Audits had been completed to make sure medicines, care planning and accidents and incidents were managed effectively. The registered manager said by analysing accidents, incidents and complaints she was able to "learn from major incidents" and to "find patterns or trends that may require further investigation".

The registered manager and staff were proud of recognition they had received for the service they provided. The local environmental health agency had awarded Horton House the top score of five stars for the

management of their food services. The catering team were runners up in a local "Chef of the Year" competition and care staff had also been nominated for a local care award reflecting the high standard of service experienced by people.

The registered manager described how she supported staff, "to build a competent, skilled team". Staff confirmed they were supported to develop in their roles and were pleased with their achievements. They said they worked well as a team and knew what was expected of them; they would raise concerns if needed and were confident the registered manager would challenge poor practice. A relative commented, "She is very on the ball and will pick up anything untoward" and "Staff go above and beyond".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was not acting in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. People were deprived of their liberty without the legal authorisation in place.