

# Wentworth Healthcare Limited

# Beaumont Court

## Inspection report

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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 unannounced comprehensive inspection took place on 5 July 2016. The last inspection took place on 30 April 2014. The service was meeting the requirements of the regulations at that time.

Beaumont Court is a care home which offers care and support for up to 40 predominantly older people. At the time of the inspection there were 29 people living at the service. Some of these people were living with dementia. The service occupies a two storey detached former vicarage which has been extended.

The service had a registered manager in post. 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.

There were people living at the service who had been recognised as not having capacity to make specific decisions for themselves, were not free to leave and were under close supervision. These people had not been identified as needing to have applications made for Deprivation of Liberty Safeguards (DoLS) authorisations. The DoLS is part of the Mental Capacity Act 2005. The service held a policy for DoLS which had been reviewed in June 2016 by the registered manager. However, this policy review had not taken account of the 2014 Supreme Court judgement which changed how services should judge whether a person might be deprived of their liberty. The policy did not reflect current practice. Staff were not clear on this legislation and guidance. This meant people's human rights were not adequately protected and staff were not provided with accurate information to guide their practice.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff had received most training relevant for their role. Not all staff had received training on the Mental Capacity Act 2005. More specialised training specific to the needs of people using the service was planned. For example, dementia care.

Some people had been assessed as being at risk from developing pressure damage to their skin. These people were provided with pressure relieving mattresses. Such mattresses should be specifically set to relate to the individual's current weight. Two out of five mattresses checked were incorrectly set. Mattresses settings were not being checked regularly by staff. This meant people's risk of developing pressure damage was not always effectively managed.

We looked at how medicines were managed and administered. People had received their medicines as prescribed. Regular medicines audits were carried out. However, prescribed creams and liquids were not always dated upon opening. This meant staff were not always aware when the item was no longer safe to use. Medicines kept in the medicine refrigerator were not regularly checked to ensure they remained safe to use.

We walked around the service which was comfortable and in good condition. Bedrooms were personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. People, relatives, staff and healthcare professionals felt there were sufficient staff to meet people's needs.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were held on a computer system called the Care Management System. Records were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded.

Activities were provided by three activity coordinators who worked Monday to Friday. They spent time with people in groups and on a one to one basis with people who either chose to remain in their rooms, or were confined to bed due to their healthcare needs.

The registered manager was supported by a clinical lead, a team of motivated nurses and care staff. The provider also supported the registered manager with regular visits.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations. You can see the action we have told the provider to take at the end 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. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

### Is the service effective?

Requires Improvement ●

The service was not always effective. The legal responsibilities placed on the service by the Deprivation of Liberty Safeguards legislation, part of the Mental Capacity Act 2005, were not always effectively carried out. Some people had not had their human rights protected.

People received care from staff who knew people well and met their care needs.

Staff were supported with regular supervision and appraisals.

### Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if

they raised any concerns these would be listened to.

People's views were sought and acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the registered manager had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Staff were supported by the management team

# Beaumont Court

## **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 checked 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 July 2016. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who used the service. Not everyone we met who was living at Beaumont Court was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We looked at care documentation for three people, medicines records, staff files, training records and other records relating to the management of the service. We spoke with two visitors and five staff including a nurse. We spent time with the registered manager and the administrator.

Following the inspection we spoke with two members of the night staff, three families and three healthcare professionals.

The day after this inspection the registered manager sent us information relating to specific training that staff had attended.

# Is the service safe?

## Our findings

Beaumont Court held medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored to help ensure any fault would be identified quickly and the safe storage of medicines could be assured. However, we were told by the nurse the items found in the medicine refrigerator had been discontinued. The nurse disposed of both items after they had been identified by the inspector.

The medicine administration records (MAR) showed that people received their medicines as prescribed. Medicines that were prescribed for occasional use were clearly documented when administered. Records contained clear information on when and where to apply prescribed creams including body maps to advise staff. The service was holding medicines that required stricter controls. We checked these medicines against the records held and both tallied.

We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were mostly signed and had been witnessed by a second member of staff. However, two entries had not been signed by two people. This meant that there was a risk of potential errors. Some people had been prescribed creams and liquids and these had not always been dated upon opening. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use. The registered manager took action to remove all the undated creams and liquids after this inspection, and replaced them with newly dated items.

People and their families told us they felt it was safe at Beaumont Court. Comments included; "Oh I am sure everything is safe here" and "Yes I feel safe here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. The service held a recently reviewed accurate safeguarding policy. Staff were aware of the whistleblowing and safeguarding policies and procedures and had received training on safeguarding adults. However, staff were not aware that the local authority was the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. The registered manager assured us this would be raised at the next staff meeting.

Some people had personal money which was held by the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. We checked the money held for three people against the records kept at the service and both tallied. These records were audited by the registered manager regularly.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use. One person living at the service had a long term potentially transferable infection. There was clear guidance for staff on how to reduce the risk to both staff and other people living at the service. The records detailed what personal protective equipment should be used and when including, "Do not need gloves for feeding." This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Risk assessments had been carried out for a range of circumstances including moving and handling, the use of oxygen, nutritional needs and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, one person who had been assessed as being at risk of choking had an assessment that clearly guided staff about how their food should be prepared. It directed staff how they should assist and position the person in order to reduce the risk of choking. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Beaumont Court was well maintained. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. Each person had a Personal Emergency Evacuation Procedure (PEEP). This was information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. DBS checks were reviewed every three years by the service.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to in a timely manner. The registered manager told us they had nurse vacancies but there were two new nurses joining the service in the near future. Some agency staff had been used to cover vacant posts during this period. We saw from the staff rota there were sufficient numbers of staff to meet people's needs. The registered manager told us that staffing levels were changed to reflect the numbers and needs of people living at the service. They told us, "Our best staffing levels are seven carers in the morning with six in the afternoon with each shift supported by a nurse." People, relatives, staff and visiting healthcare professionals all told us they felt there were sufficient staff on duty. Staff told us they were a good team and worked well together.



## 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. The registered manager was aware of which people living at the service lacked capacity to make specific decisions.

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. Authorisations had been applied for and one had been granted. The service was supporting the conditions attached to this authorisation.

However, there were other people living at the service who had been recognised as not having capacity to make specific decisions for themselves, were not free to leave and were under close supervision. These people had not been identified and judged as potentially being deprived of their liberty. One person's care file stated, "Has DoLS in place." We did not see an authorisation for this person. We asked the registered manager and were told this referred to when the person had been in hospital. We checked with the Supervisory Body (Cornwall Council) who told us the application made by the hospital in January 2016 had not been authorised. The registered manager had not identified that this person should have had an application made for a DoLS authorisation now they were living at the service as DoLS authorisations are specific to the environment the person is in and cannot be transferred without a new authorisation.

The service held a policy for DoLS which has been reviewed in June 2016 by the registered manager. However, this review had not taken account of the 2014 Supreme Court judgement which changed how services should judge whether a person might be deprived of their liberty. This meant the policy did not reflect current practice at the time of this inspection.

The registered manager was aware of the 2014 Supreme Court judgement. However, had not recognised that this had changed the criteria for when a person should have a DoLS application made and guided a change in practice. Staff were aware of protecting people's rights to make choices for themselves, but not clear on this legislation and its implications. From information sent to us after the inspection we found 21 out of 38 staff had attended training on the MCA. This meant people's human rights were not adequately protected and staff were not provided with accurate information to guide their practice.

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

Following this inspection visit the registered manager told us they had taken action to address the concerns we identified and sent us an email saying that they had now made applications for the appropriate people

and sent them to the DoLS team. The service also said they had amended their policy on DoLS to provide accurate information and guidance. We will review whether the service has returned to compliance with this regulation at our next inspection.

The registered manager was aware which people, who lived at the service, who had appointed people as Power of Attorney for them. This was recorded in their care records. Such Attorneys could be contacted by the service when the person became unable to make decisions for themselves.

The computerised care plans and assessments did not clearly show that people were aware of, or had been involved in, the creation of their care plan. Families confirmed that paper versions of care plans would be produced for them if they asked. When they visited relatives told us that staff did share their family members plan of care with them if appropriate.

Some people had been assessed as being at risk from developing pressure damage to their skin. They were provided with pressure relieving mattresses. Such mattresses should be specifically set to relate to the individual's current weight. We found two out of five mattresses were incorrectly set according to their weights. Mattresses settings were not being checked regularly by staff. This meant people's risk of developing pressure damage was not effectively managed. The registered manager took action to address this concern. The day after this inspection the registered manager sent us an email stating, "All residents on an air flow mattress have had a weight attached to the control stating the weight of the resident and the CMS (computer system) has been amended so that carers now check weight against setting on every check."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "I have done a lot of training since I joined Beaumont." Training records for staff were held on a computer system under each staff members name. The registered manager was asked how they had an overview of when individual staff were due for refresher training. The registered manager told us they checked individual staff files. It was not possible for inspectors to have an overview of all the training that staff had completed and when, so the registered manager sent us information on two specific training areas that staff had attended after the inspection.

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service.

Following the inspection we spoke with visiting healthcare professionals who told us they had no concerns about the care provided at the service. One commented, "The staff refer to us appropriately and take advice and guidance well. We have no concerns about care provided."

The premises were in good order. There were rails in corridors to support people when using them. Ground floor rooms had patio doors that opened out to provide access to the garden. There were a variety of different areas throughout the service where people could spend their time, including a secure outside space. People were encouraged to bring in their personal possessions to give their rooms a familiar feel.

In care files we saw there was specific guidance provided for staff. Some people had difficulties swallowing and had tubes fitted through which they received their food, drink and medicines. Staff were provided with information about how and when to provide specific care and support to these people. It detailed what emergency action the nursing staff should take in the event of a tube falling out.

Staff received regular supervision and appraisals. The registered manager was in the process of making this support more formalised. Staff felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

All the food provided at the service was cooked on the premises. We observed the lunch time period throughout the service. Some people chose to eat in the dining areas and some in their rooms. People were provided with a choice of meals from a four week meal plan. People told us the food was good and they enjoyed it. Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Food and fluid charts were regularly totalled and monitored to ensure people had sufficient intake.

People had access to healthcare professionals including GP's, district nurses and chiropodists. Care records contained records of any multi-disciplinary visits.

## Is the service caring?

### Our findings

Not everyone at Beaumont Court was able to verbally tell us about their experiences of living at the service due to their healthcare needs. People told us, "I like it very well" and "They look after me they are very good."

One family member told us, "(the person's name) had a birthday recently and a friend sent her some flowers. The staff wrote to the friend and thanked them for the flowers on behalf of (the person's name) as they were unable to do this themselves. Such a lovely touch. That is going the extra mile." Other relatives commented, "It's really good, I have been to a few homes and this is the best we have seen" and "I can't fault the place." Relatives told us they felt welcome when they visited and were always offered a drink. They told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably.

A visiting healthcare professional told us, "The people at Beaumont always appear content, there is always a lot going on and lots of visitors. We have no concerns at all."

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

Bedrooms were furnished with people's own belongings and people were encouraged to have things around them which were reminiscent of their past. One person was able to have their cat move in to the service with them. Staff told us, "Their cat is their life." Other people enjoyed watching the resident pheasants and squirrels in the garden. Staff were available to support people to move to different areas of the service as they wished. People were well cared for.

People's dignity was respected as staff spoke with people quietly when offering to support them to the bathroom. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Staff were clear about people's individual preferences regarding how they wished their care to be provided. One member of staff had prepared a bath for a person on the day of this inspection. When they went to assist them to the bathroom the person had changed their mind and did not want to have a bath. The staff member respected the person's wishes and the bath did not take place.

People's life histories and medical histories were not always documented in their electronic care records. This is important as it helps care staff gain an understanding of what has made the person who they are today. However, staff were able to tell us about people's medical and social backgrounds and past lives. They spoke about people respectfully and fondly. One staff member told us, "I love it here, we have time to spend with people and get to know them." Information about people's life and medical history were held in

their paper care files. Stall told us they used the electronic records for the information they needed when caring for individuals. This meant such information was not always easily accessible for them.

The service sought the views and experiences of people, their families and friends to help ensure they felt involved in the running of the Beaumont Court.

## Is the service responsive?

### Our findings

People told us, "Staff are very good," "I like it here" and "After lunch I will go the day room and play some games."

Relatives told us, "They (staff) are very good" and "No complaints, They (staff) look after (the person) well, staff are very friendly." Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

A visiting healthcare professional told us, "Overall we have had positive experiences with staff at Beaumont Court. People always seem happy there. We have a good relationship with the staff who are keen to update their knowledge and skills. They always pass on any concerns to us appropriately" and "When we have been providing specialist care to people there, the care and nursing staff have worked jointly with us, to observe practice and update their understanding so that they can respond to people's needs when we are not there."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. People received care and support that was responsive to their needs because staff and management had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds from information gathered from families and friends.

Care plans were held on a computerised care management system at the service. Staff had easy access to computer screens throughout the service on to which they added all care and support provided, details of how the person presented and any changes in their needs. Records were detailed and informative with clear guidance for staff on how to support people well. There was information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. For example, one record provided useful information for staff, it stated the person would "Blink twice for yes and once for no to closed questions." Further guidance advised staff how long one person could be out of bed each day and how to position the person when they are eating. The information was easy for staff to find. People's care plans were regularly reviewed and updated to help ensure they were accurate and up to date.

There was a verbal staff handover meeting at the shift change in the morning. Staff arriving for the afternoon shift referred to the electronic care management system for information about each person and what care had been provided. The system enabled staff to refer to this information later in the shift if necessary. There was also a message screen where all staff accessed specific information that needed to be communicated to them. The effective communication of information between staff meant there was a consistent approach between different staff and people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. Three activities co-ordinators were specifically employed Monday to Friday to organise a programme of events including crafts, games,

music and movement, external entertainers and visiting animals such as ponies and dogs. The service held a fete in September, birthday parties and occasional formal dinners where staff did ladies make-up and hair to make the event feel special.

The service provided day care for a number of people throughout the week. People were transported to the service from their homes to spend the day at Beaumont Court. People were seen arriving throughout the morning of this inspection. People told us, "I like coming here its good to have the company, (staff members name) is lovely" and "I like walking around the home and gardens and the quiz." People were seen pottering in the enclosed area of outside patio, dead heading flowers and checking on the plants. People who lived at the service joined people who came for day care for activities. The activity coordinators spent time with people who either chose to remain in their rooms or where confined to bed due to their healthcare needs. A friend told us, "(the person's name) is unable to communicate, so the staff have put pictures on her ceiling and near to her so she can see them no matter what position she is in. They go and talk and read to her, it's so lovely."

Records were kept by staff when people took part in activities. The service produced regular editions of the 'Beaumont Newsletter' which were distributed to people. This contained information about the activities planned and other news about the service.

Residents meetings were held by the registered manager to seek their views and experiences of the service provided to them. The minutes showed issues such as meal choices, laundry and outside trips to the local community were discussed. The food had been raised as an issue by some people, specific complaints about vegetables had been addressed by the registered manager with the cook at the service and resolved.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the service. We saw where complaints had been made the registered manager had addressed and resolved the concerns according to the service procedures.

## Is the service well-led?

### Our findings

The current registered manager arrived at the service eighteen months ago and they had added nursing care to the support provided at Beaumont Court. This had led to many changes taking place within the service.

Staff told us, "(Registered manager) has a clear vision of where the home is going" and "Staff are very good at feeding back, for example one carer asked about the use of flannels, we are reviewing all residents to see if they would like to use disposable wipes."

Relatives and staff told us the registered manager was approachable and friendly. Comments included, "They (staff and management) always call us when any changes or incident take place" and "You can always talk to someone and get answers."

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a clinical lead, and a team of nurses and care staff. The clinical lead was on leave at the time of this inspection. The registered manager could access support from the provider who visited regularly.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "It's a nice place to work, the number one priority is the clients" and "I approached the home for a job because I had heard good things about the service."

There were systems in place to support all staff. General staff meetings took place regularly. Flyers around the service advertised the next staff meeting due on the 14 July 2016. These meetings were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Nurses and senior carers also had regular team meetings and were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices. One member of staff told us, "I suggested a wedge cushion for a person and this was listened to and provided. It has helped the person."

The registered manager and clinical lead were supporting the nurses to go through revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. One nurse had successfully been revalidated recently.

The registered manager worked in the service regularly talking with people and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handovers encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

The registered manager told us of a situation where had become aware of a member of staff whose practice was not acceptable. This member of staff had been disciplined and offered support to improve. This meant



the registered manager was constantly monitoring the quality of the service provision.

There were further systems in place to monitor the quality of the service provided. There was a person employed to carry out any maintenance needed. We saw a book where staff entered any issues that needed attention and we saw these were dealt with in a timely manner. Audits were carried out over a range of areas, for example, care records, first aid boxes, the kitchen, and moving and handling equipment. This meant the service was constantly checking the quality of the service it provided. However, the audits and monitoring carried out by the clinical lead had not been effective in addressing the concerns found at this inspection with medicines management and pressure mattress settings. The registered manager sent us an email following the inspection assuring us that action had been taken to address the concerns identified.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises as necessary. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

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	Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is 16 or over and is unable to give such consent because of the lack of capacity to do so, the registered person must act in accordance with the Mental Capacity Act 2005.