J D Singh

Belvedere Residential Home

Inspection report

34 Belvedere Road
Earlsdon
Coventry
West Midlands
CV5 6PG

Tel: 02476672662

Date of inspection visit:
21 October 2015

Date of publication:
01 December 2015

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

This inspection took place on 21 October 2015 and was unannounced.

Belvedere Residential Home is a care home which provides personal care for up to 19 older people. There are 17 single rooms and one double room to accommodate two people who consent to share. At the time of our visit, 17 people lived at the home.

The home has 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.

The provider had not met their legal responsibilities under the Deprivation of Liberty Safeguards. They had not obtained authorisation from the local authority to place restrictions on how people received their care in order to keep them safe. The registered manager had not followed best practice when making decisions in the best interests of people who lacked capacity.

The provider and registered manager did not have sufficient systems and processes in place to assure themselves that the home was providing a quality service and all regulations were being met. Systems that were in place had not been fully implemented as the registered manager had been supporting staff on 'the floor' to meet the day to day needs of people. The lack of quality monitoring, had not impacted badly on people, but we were concerned there was a risk it would. We have recommended the provider support the registered manager by developing formal monitoring processes to assess and improve the quality and safety of the service provided.

Care records were not up to date, and did not reflect the current needs or risks of people. They were not centred on the person and their needs, wants or preferences.

The service was not always responsive to people's needs. During the day people's choices were mostly respected and listened to. However some people were not given the flexibility of waking up when they wanted to in the morning. There were activities which people enjoyed but these were not always linked to people's preferences and personal histories.

People, their relatives and staff spoke positively about the registered manager and felt she was a 'hands on' manager. They were able to talk with the manager if they had any concerns and felt their concerns would be dealt with.

There were sufficient staff to meet people's needs and staff had to go through recruitment checks to ensure their suitability prior to working with people in the home. People told us they felt safe living at Belvedere Residential Home.

People received a good choice of food and drink, and people's individual food requirements were well catered for. People enjoyed the home cooked food provided.

People's health needs were met. The registered manager ensured people were referred to the appropriate health care professional when concerns about their care and well-being were identified.

Staff treated people with kindness. Staff had a good understanding of people's needs. They supported people with respect and ensured people's dignity was maintained.

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 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 mostly safe.

People felt safe living at Belvedere residential home. Staff knew how to protect and safeguard people from abuse and there were sufficient staffing levels to support people. Risks associated with people's care were not always fully identified and acted upon, and it was not always clear what equipment people needed to use to support their safety. Not all fire safety recommendations had been acted on at the time of our visit, but action was taken by the provider after our visit to ensure fire recommendations had been carried out.

Is the service effective?

Requires Improvement

The service was mostly effective.

The service had not fully complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People had a good choice of food and drink and were provided with professional health and social care support when needed. Staff mostly had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

We saw positive and caring relationships between people who used the service and the staff who supported them. People were treated with respect. Staff ensured care was provided in private and people's dignity was fully considered.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

People's choices for daily living were respected most of the time. Some people did not have a choice about when they wanted to get up in the morning. Activities were provided for people but not all were linked to their individual interests. The manager responded appropriately to concerns or complaints but not all staff responded to concerns raised by people.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The registered manager promoted an open and fair culture, and was responsive to people, relatives and staff. The registered manager had a 'hands on' management style, however this meant they did not undertake necessary management tasks such as checks and audits in a timely way. The provider did not provide sufficient oversight to ensure standards were maintained and improved.

Belvedere Residential Home

Detailed findings

Background to this inspection

This inspection took place on 21 October 2015 and was unannounced.

Belvedere Residential Home is a care home which provides personal care for up to 19 older people. There are 17 single rooms and one double room to accommodate two people who consent to share. At the time of our visit, 17 people lived at the home.

The home has 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.

The provider had not met their legal responsibilities under the Deprivation of Liberty Safeguards. They had not obtained authorisation from the local authority to place restrictions on how people received their care in order to keep them safe. The registered manager had not followed best practice when making decisions in the best interests of people who lacked capacity.

The provider and registered manager did not have sufficient systems and processes in place to assure themselves that the home was providing a quality service and all regulations were being met. Systems that were in place had not been fully implemented as the registered manager had been supporting staff on 'the floor' to meet the day to day needs of people. The lack of quality monitoring, had not impacted badly on people, but we were concerned there was a risk it would. We have recommended the provider support the registered manager by developing formal monitoring processes to assess and improve the quality and safety of the service provided.

Care records were not up to date, and did not reflect the current needs or risks of people. They were not centred on the person and their needs, wants or preferences.

The service was not always responsive to people's needs. During the day people's choices were mostly respected and listened to. However some people were not given the flexibility of waking up when they wanted to in the morning. There were activities which people enjoyed but these were not always linked to people's preferences and personal histories.

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 21 October 2015, and was conducted by two inspectors. The inspection was unannounced.

We reviewed the information we held about the service. We looked at information received about the service and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with Coventry local authority commissioners who funded the care for some people who lived at the home. They had no significant concerns about the service. We also reviewed the most recent Health Watch 'Enter and View' report.

We spoke with six people who lived at the home, three visiting relatives and three staff. We also spoke with the administrator, the registered manager and a visiting district nurse.

We reviewed the care plans of three people to see how their support was planned and delivered. We looked at other records such as food and fluid records, medication records, and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. A relative told us that they had been apprehensive about their relation moving into a care home, but now felt comforted from knowing that their relation was safe and well cared for. The relative said the service had provided, "A life line" for the whole family.

We spoke with staff about safeguarding procedures. Staff were clear about their responsibilities to report these incidents to the manager. For example, we asked staff what they would do if they witnessed either verbal or physical abuse by another member of staff, to a person who lived in the home. All responded that they would intervene directly to prevent further abuse, and immediately report the incident to more senior staff. They also felt confident to make referrals to safeguarding agencies which carried out investigations of allegations of abuse, if they did not believe the registered manager was acting on a concern. Since our last inspection there had been referrals made to the local authority safeguarding team. The provider and manager followed the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated.

People, relatives and staff, told us there were enough staff on duty to meet people's needs safely. One person said, "Staff keep an eye on you, they are always there and help you." A relative told us, "There is enough staff and they're being cared for. I've never seen any issues or problems." We saw call bells were answered promptly. People confirmed this was usually the case. One person told us, "I just call and they are there." This person said they were reassured knowing staff were close by, especially as they had limited mobility.

Prior to staff working at the service, the registered manager checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Checks were made to minimise the risks of recruiting staff that were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Belvedere residential home until the checks had been received by the registered manager.

Risks related to people's care needs were not clearly identified in their care records, and records did not have up to date assessments of people's needs and risks. For example, one person was no longer as mobile as they once were. Their care record stated they were able to walk around the home, however we saw the person needed support to move from a sitting to a standing position and could not walk more than a couple of steps. They had also been assessed as at a high risk of skin breakdown because they were less mobile. We could not determine whether occupational health services had assessed the person's ability to move and recommended the appropriate equipment (the type of hoist, and slings). Care records did not inform of what equipment should be used to reduce the risks of the person's skin breaking down. Another person had been identified as having Epilepsy. There was no risk assessment in place to identify whether the seizures were controlled by medication, the type and frequency of seizures, and what staff should do to keep the person safe if they experienced a seizure. The registered manager acknowledged the risk assessments were not as detailed and up to date as they should be to ensure people's safety.

People told us that they received their prescribed medicines when they needed them. Medicines were stored safely and securely. The service used a pharmacy company which put each person's medicines, both in liquid and tablet form, in sealed pots ready to be administered at the time prescribed. This reduced staff time and the risk of medicine errors being made. We checked medicines which were not being administered via the sealed pots. We found one box of tablets which according to the medicine administration record should have contained 25 tablets, but contained 26 tablets. The member of staff administering the medicines could not tell us why there was this discrepancy. This meant we could not be sure whether the person had received all their medicines as prescribed.

Staff had been provided with training to know how to move people safely. Not many people who lived at the home required equipment or staff support to help them move, however, we observed one person was helped to get up from their chair by staff who did not follow good practice in the safe moving of people. The registered manager saw this also, and agreed the staff member required further training. The Healthwatch 'Enter and View' report also voiced concerns about the way in which staff supported a person with their mobility and suggested staff required additional training . (Healthwatch is the independent consumer champion for health and social care).

During our visit we heard an alarm sound from the fire panel. We looked at the fire panel and it showed a fault. A member of staff overrode the fault so the alarm would stop. We were told this fault had been occurring for a long time. Records confirmed it had been initially reported in 2013 to the fire safety company that checked fire safety for the service. The registered manager informed us at the time of our visit that the fire panel was being replaced, and contacted us after the inspection to confirm this had been done. We also saw that the company had recommended in 2014, that the service, replace all their smoke detectors over 10 years old. We contacted the fire safety company who told us there was not an immediate risk to people's safety, however, they would have expected the service to have an action plan in place for replacing the smoke detectors. Action had not been taken about this at the time of our inspection, however, the registered manager contacted us shortly afterwards to confirm that new smoke detectors were in place.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required.
We found that where people's freedom was restricted, the manager did not fully understand their responsibilities to apply for a Deprivation of Liberty Safeguard (DoLS). There were people who lived at the home who met the criteria for a deprivation of liberty safeguard. For example, one person told us they would like to go out of the home for a walk on their own but were not 'allowed' to do so. We asked the manager why this was the case. The manager told us it was not safe for the person to go out on their own because they did not have the capacity to be aware of the dangers. This meant the person was being deprived of their freedom to do what they wanted. This restriction should have been referred to the local authority so they could assess whether this was in the person's best interests and if so, provide authorisation. The manager had recently been on DoLS training and was aware they were in breach of the regulation.

This meant the service was in breach of Regulation 12: Safe care and treatment.

We checked staff understanding of the Mental Capacity Act 2005 (MCA). Staff understood the importance of people making their own choices and when possible, making their own decisions. A member of staff told us, "You can't take away or deprive people of choice." They were also aware if people had capacity, they needed to obtain consent from the person before they supported them with a personal care task. We observed staff putting their knowledge regarding consent into practice. For example, we observed a person refused to use the hoist to help them move. Staff respected this decision and supported the person to move in a way they felt more comfortable with.

Where people did not have capacity to make a decision, the registered manager was aware of their responsibility to make a decision in the best interest of the person. We saw a person who lived at the home was being administered medicines in disguise (covertly) because they had refused to take them. The person's GP had been contacted and they agreed with the manager that it was in the person's best interests to continue to have their medicines. However, the care records did not demonstrate how the manager had decided the person did not have capacity to make an informed decision, or explain why it was in the person's best interest that they continue to take the medicine and for how long. This meant they did not fully comply with the principles of MCA because they must be able to demonstrate the steps they had taken and why, before taking a decision on behalf of another person.

People expressed confidence in the knowledge and skills of staff members who supported them. One person said, "They [staff] know what they're doing." Another person told us "They [staff] know me. They know when to help me to do things because they know some things are hard for me to do."
Relatives told us staff had the skills needed to support people effectively. One relative said," When [name] came here she was disoriented, very poorly and had a negative attitude. Now she is coming back to herself. This is due to the support of staff and them trying different ways to help and encourage [name]."

Staff told us they had received training to support them in their work. They explained they had undertaken training considered essential to meet the health and social care needs of people in the home. This included training in infection control and health and safety. Some staff had also received training to support people who lived with dementia.

New staff had an induction period where they learned about the policies and procedures of the home, and 'shadowed' more experience staff before they were included in staffing numbers on the rota. A relatively new member of staff who had not worked in the care sector before, told us, "I knew there was lots of rules but didn't know there was that much." Another member of staff told us they had a two day induction period, and felt after this time, they were equipped to support people in the home. They told us they were not able to undertake certain tasks such as moving people until they had received training, because it was unsafe to do so.

Staff told us they felt supported by the registered manager, who was often helping provide care. They said if the registered manager saw something they were not happy with, they would talk with the member of staff and help them to improve. Staff also felt the registered manager was available at any time if they needed to speak with them. The registered manager had encouraged staff to undertake national diploma qualifications to further their understanding of health and social care.

We checked if people were supported to eat and drink enough. We saw people were given a choice of meal, and if people did not like what was on the menu, they were offered an alternative. We heard people being offered second helpings. Lunchtime was relaxed and unrushed. We observed staff took time to support people with eating. For example, one member of staff who supported a person with eating, described what food was on the fork and asked if the person was ready to start eating. They checked the temperature of the food was suitable for the person and if they were enjoying their meal. People told us that they enjoyed their food provided by the service. One person said, "I love the food. I have a great appetite and eat everything." Another person said, "If you don't like something you can have another choice." During the day we saw people were offered drinks and snacks between meals. In communal areas there were plenty of side tables so that people could easily reach their drinks.

People's weights were checked to ensure they were not losing or gaining weight which would put them at risk. People were referred to the dietician or to the speech and language service if there were concerns about people's weight or ability to eat safely. For example, one person started to cough each time they had a drink. They were referred to the speech and language therapist, who advised they should have thickened drinks which were now being provided. Another was referred to a dietician because they had lost a lot of weight. They were provided with milk shakes to try and increase their weight. The service was also aware of people's cultural needs. One person did not eat a certain type of meat because of their religion, and staff ensured they did not receive this.

People told us they were supported to see other health care professionals when required, and relatives confirmed arrangements were made for this to happen in a timely manner. We spoke with a visiting district nurse during our inspection. They told us the staff knew people well, and always contacted them if there was any health concerns. They felt their patients were comfortable and were not put at risk.

Good

Is the service caring?

Our findings

People and their relatives confirmed that staff were kind and friendly. One person told us, "The staff are very good. I love it here. Everybody is kind and there is a nice atmosphere." Another told us they were unsure about staff when they first arrived at the home but were happy because staff, "Are nice." A family member told us staff were friendly and caring. They told us that regardless of their relative's condition, staff spent time with them and they were not ignored or left.

We spent time in the communal lounge and smaller lounge and observed the interaction between people and staff. Staff were caring and attentive towards people, engaged them in conversations and addressed people by their preferred names. For example, some people preferred being called by their first names, whereas others, wanted to be addressed more formally. People appeared relaxed with staff who were friendly, respectful and discreet. For example, one staff member approached a person to offer personal care; they explained the care they were offering and spoke to the person in low tones so that others did not overhear the conversation.

We observed a member of staff support a person who was unable to leave their bed to eat their meal. The person was very frail, and spent most of their time asleep. We saw the staff member speak with the person whilst they ate. The person did not respond, but the staff member continued to try to engage with the person, and was very caring whilst supporting them to eat.

People were encouraged by staff to be as independent as possible. We saw one member of staff encourage a person to walk from the lounge area to the dining room. The person used a walking frame. The care worker said in an encouraging way, "You're doing alright [person], make sure you keep your frame on the floor." At lunchtime we saw staff check to see whether people could cut the meat on their plate themselves before offering assistance.

Staff told us when people first came to live at Belvedere Residential Home, they asked them what they wanted to do for themselves and what they needed support with. A relative told us the family had discussed the needs of the family member living in the home with the manager before they came to live there. They also had on going informal discussions with staff and the manager to review the care and support provided to the person. The relative told us they had not attended a formal meeting where they had reviewed their relative's care but said they were happy with this arrangement. Most people we spoke with told us they felt they were listened to and respected and their views were acted upon. There was one exception, where one person had clearly indicated they only wanted personal care to be undertaken by a female care worker and this had not always been respected. Most care workers we spoke with were aware of the person's views regarding a female care worker and respected this wish but it was not written in their care plan, and it had not been made clear to all staff. The registered manager told us they would ensure all staff were aware of this.

People's privacy and dignity was respected. We did not observe staff undertake personal care, instead we asked staff how they would ensure people's privacy and dignity was supported. Staff explained how they

delivered care to people to ensure people felt comfortable and at ease when them when providing personal care. We saw when people were supported to go to the bathroom or to have personal care in their own rooms that doors were shut so care was provided in private.

On the day of our visit, one person celebrated their birthday. The registered manager had ensured the service marked the occasion by providing a birthday cake. They had also made arrangements with the family to have a birthday tea with the family, staff and other people who lived at the home. We saw the service cared for relatives as well as people who lived at the home. There was a good rapport between the management, staff, and visitors. Relatives told us they could visit at any time of day, there were no restrictions to the times they could visit the home.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their needs and wants. For example, one person wanted to have a budgie and this was agreed by the registered manager. We saw the person sat next to the budgie in the communal lounge.

Whilst we saw staff being responsive to people's choices during the day, people did not appear to always have a choice about when they got out of bed in the morning. We heard a member of staff say to a person, "Have you had a nice morning, what time did you get up?" The care worker was told 7.30am and replied, "That's a bit early for you." The person responded, "No it isn't, when [member of staff] comes it can be 6.30am." We checked the name of the member of staff and confirmed they were a member of night staff who had been on duty. We asked a member of day staff whether people could get up when they wanted. They told us, "A few people we wake-up, they should get up on time to get their breakfast and have their tablets. We won't let them sleep because of breakfast. We would get them up between 7am and 7.45am". Information in people's care plans did not indicate there was an agreement they got up for their medicines at an agreed hour. This meant people were getting out of bed to meet the needs of the service, not their own.

Staff had a good understanding of people's care and were mostly responsive to their needs, but this was not reflected in the care records. The care plans we looked at provided basic information about people's interests, personal history, and individual preferences. There was insufficient detail to clearly inform the staff member reading the care plan what the person could do for themselves, what support they required and how this support should be given. Not all preferences were recorded. For example, there was nothing to indicate people's choices for getting up in the morning or going to bed at night. This meant staff looking at the information would not always have a clear understanding of how to support the person. The manager acknowledged the care plans were focused more on what the staff needed to do to provide care to people, as opposed to what people wanted or needed for their physical, mental and social well-being. They told us they did not have experience of writing 'person centred' plans but would look to get training to enable this to be happen.

There were differences of opinion about whether the service met people's social needs. One person said, "I can do whatever I like, watch the telly, listen to music. I like to listen to music and the staff know what music I like." Whereas another person told us, "I get bored sick, nothing to do. I like walking but they won't let me out. Nobody asks me what I like."

Activities were provided by staff and people external to the home. Staff told us they tried to engage people with at least one activity a day. During our visit we observed a group activity in the lounge. The member of staff leading the activity ensured each person was asked if they would like to join in and their choice was respected. We saw people who were engaged in the activity were mentally and physically stimulated and the room was filled with chatter and laughter. We were also told other activities took place. For example, there was an art and crafts session each Friday for those who were interested and we saw cards which people had made ready for Christmas. People from outside the home also supported activities. For example,

a person came to the home regularly to undertake music and movement. A 'chemist shop' visited for people to choose their own toiletries and a hairdresser regularly visited to do people's hair. Whilst there was a range of activities, we could not see how these had been linked to people's individual interests or hobbies.

People and their relatives knew how to make a complaint if they needed to. They told us they felt comfortable and confident to raise concerns. Most people felt their concerns were taken seriously, but one person told us a verbal complaint raised the previous evening had not been listened to and acted on appropriately. They said they complained to staff the previous evening because their bed felt wet and their room felt cold. We went into the person's room which was cold as described and the bed sheets felt damp. The manager took immediate steps to address the issue and informed us they would be speaking to the staff. The service had received one formal complaint. They had made us aware of the complaint and how they were responding to it. We were satisfied the complaint was being responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

The registered manager at Belvedere Residential Home has been the manager for 16 years. She told us she loved her job and saw herself and the staff as providing a family environment for people. A relative confirmed the home was like a family environment. Family values came through when talking with staff. A senior member of staff told us, "We are a good team, we have a bond with residents, we are like family." They went on to say that the manager was "Like a mother, she works with us."

People and their relatives felt the manager was visible and approachable. A person told us, "[Registered manager] is always about to talk to." One relative told us, "[Registered Manager] is always about for me to speak with. Nothing is too much trouble. If I have any issues I approach [manager] and I have done and then everything is sorted." Another relative said, "We know who the manager is and we have no problem approaching her. We have raised issues, nothing major and they have been sorted."

Staff told us they received support from the registered manager. One member of staff told us if they were not sure about something they would not hesitate to go and see the registered manager. They also said, "If she [Registered manager] feels you are doing something wrong, she'll come and tell you. She's never nasty about anything." Another said, "Management is fine, she [Registered manager] looks on us as a team, there is no difference, we are equal."

Since our last visit the provider had improved the décor of the service. The dining area and communal lounge had been refurbished and the home, had new wallpaper and paint. The bedrooms were personalised. The registered manager had also worked with the local authority and infection control nurse after an inspection by them raised concerns about infection control management at the home. We were informed that the local authority was satisfied the home had taken action to improve infection control.

We saw on the day of our visit, the manager provided practical support to staff and to people who lived at the home. The cook had been absent for the last couple of months and the manager had undertaken cooking duties for a few days each week. They told us the cook was coming back to work soon and they would no longer be needed to do this. We asked if they had considered an agency worker to undertake the cooking but the manager told us they preferred to do it as they knew people's food preferences.

Whilst the registered manager was respected and considered highly by her staff team and the people and relatives who visited the home, her 'hands-on' approach did not provide time for the more complex managerial functions to be completed. Care records were not sufficiently detailed and up to date to give an accurate picture of people's care needs and how staff should meet them. There had been no quality assurance checks carried out for a few months, and the incident and accident records had not been checked recently to determine whether there were any emerging patterns or trends. The registered manager had not had the time to consider what the home was doing well and what needed to be improved upon. This meant they responded to events as they happened rather than prevented them and ensured the quality of the service was maintained. The manager acknowledged that quality assurance checks had not been carried out for some time.

The provider had responsibility to ensure the registered manager and their team carried out their responsibilities safely and effectively to meet the CQC regulations. We were aware the provider discussed issues with the registered manager but we did not see any formal systems and processes used by them to assure themselves that the home provided a quality service. At the time of our visit there was no evidence to suggest the lack of governance processes and procedures had yet to impact badly on people, however, we were concerned that without quality checks in place, there was a risk it could impact on people in the future.

The registered manager had a legal responsibility to notify us of any incidents that affect people who use services. We were satisfied the manager was fulfilling their responsibility. They had notified us of incidents such as accidents and safeguarding issues.

We recommend that the provider support the registered manager by developing formal monitoring processes to assess and improve the quality and safety of the service provided.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager had not applied to the local authority for Deprivation of Liberty Safeguards, for people who lived at the home who did not have capacity and whose freedom was being restricted.