

Benell Care Services Ltd

# Drayton Wood

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Drayton Wood provides accommodation and support to a maximum of 37 people living with learning disabilities, autistic spectrum disorders, mental health or physical health care needs. At the time of our inspection there were 34 people living at the service.

The service consisted of five houses, with single bedrooms, ensuite and communal bathroom and toilet facilities and shared lounges, kitchens and dining areas. Houses also had rooms for staff when providing "sleep in" cover over night. There was a day service unit attached to one of the houses, this offered activities to people living at the service and people attending the service who lived in the community.

The service has been designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This is designed to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

Environmental risks and concerns around medicines management were identified which did not always ensure people's safety. Leadership and governance arrangements within the service were of concern, as they were not always identifying shortfalls and making changes to address them. There were breaches of regulation impacting on the quality of service provided to people.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; policies and systems in the service were not followed to support good practice.

People were accessing activities and the local community. Staff mainly treated people with kindness and were polite, and we received consistently positive feedback from people's relatives about the care provided. However, we observed concerns in relation to how staff approached a situation during the inspection.

Management plans were in place for people needing support at the end of their life. The service told us they had good working relationships with health and social care organisations to ensure people received joined up care.

The registered manager encouraged people and their relatives to give feedback on the service, and areas for

improvement through questionnaires and community meetings.

#### Rating at last inspection

The last rating for this service was Good, with Requires Improvement for the responsive key question (published 13 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches of regulation in relation to safe care and treatment, consent to care and support, having good governance systems and processes in place. Staff training, competency checks, managerial oversight of staff performance and pre-employment safety checks. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and as part of this process we will ask for the service to provide a detailed improvement plan. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Drayton Wood

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Consisted of two inspectors, one assistant inspector, one medicines inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Drayton Wood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave, and the deputy manager was on sick leave at the time of the inspection visit, there was another manager overseeing the running of the service in their absence and present for our visit. We liaised with the registered manager and deputy manager on their return from leave.

#### Notice of inspection

This was an unannounced visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection:

We spoke with nine people, and observed care being provided in communal areas for people living at the service. We spoke with a member of the management team who was covering for the registered manager and deputy manager during their absence. We spoke with five members of care staff and two internal bank care staff employed by the service, and a member of the maintenance team. We reviewed eight people's care and support records and 15 medicine management records. We spoke with one person's relative while they were visiting. We looked at three staff files in relation to recruitment and HR processes.

After the inspection:

We spoke with five relatives by telephone. We requested for a variety of records relating to the management of the service, including policies and procedures, audits and information relating to the oversight of staff training and performance to be sent to us by the registered manager on their return from leave. We asked for the service to provide some additional information on actions taken at our request to address risks, following the inspection visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Some bedrooms and bathrooms had malodour. Some of the surfaces and seals around baths and toilets were damaged impacting on the ability to keep these areas clean.
- Some radiators were very rusty and damaged, impacting on keeping them clean, this was of concern in a bedroom where the person was at risk of experiencing regular skin and eye infections and needed to use equipment to maintain respiratory health overnight.
- There was a stairlift in one of the houses, used by two people living at the service. The seat covering on the stairlift was damaged increasing the risk of infection and cross contamination.

Risks to people relating to infection control were not well managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We identified exposed hot surfaces which did not offer full protection from risk of burns and scalds. We found large items of furniture such as wardrobes unsecured with additional bags and boxes being stored on top of them. We found first floor windows that did not have restrictors in place to keep people safe when having windows open.
- We found kitchens unlocked, with unsecured risk items including cleaning products, sharp utensils and giving access to hot surfaces. Some people's care records listed the importance of only accessing the kitchen with staff supervision to keep them safe. There were signs up to remind staff to keep kitchens locked, and these were not being followed.
- Care and environmental records for the service did not include consideration of environmental risks linked to people's individual risk histories. Access to risk items was not reviewed following incidents. For example, one person had injured their hand using a dinner fork. This incident was also not reflected on the service's incident and accident log provided after the inspection.
- During the inspection, the service was unable to provide details of their accident and incident log. After the inspection visit, a breakdown of accidents and incidents for the year was provided. This did not accurately reflect incidents we had read about in people's care records, or notifications received by the commission.
- Risks identified in relation to people accessing the community were not consistently followed. For example, one person required one to one support from staff, and high levels of oversight when in the community due to risks around behaviours towards others. However, they accessed the community with one relative, and the care records did not demonstrate that staff had made their relative aware of the risks identified or level of oversight required.

Risks to people and the care environment were not well managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visit, the registered manager confirmed in writing, that a full check of the care environment had been completed, and changes made to address the risks identified.

#### Using medicines safely

- There were regular daily checks of medicines and their records by staff. However, there was no regular complete audit of medicines that enabled the manager to have adequate oversight. Staff we spoke with were unaware of systems in place to report medicine incidents and errors.
- Staff were trained and assessed for their competency to handle and give people their oral medicines safely. However, some members of staff giving a person their insulin by injection had not recently been assessed for their competence in undertaking this task.
- Some written guidance had been put in place to help staff give people their medicines prescribed on a when-required basis appropriately and consistently. However, this was not available for all medicines prescribed in this way.
- We found inconsistencies in the recording of people's known allergies and medicine sensitivities which could lead to them receiving them in error.
- Some containers creams and ointments in people's rooms that had expired and so were no longer safe for use.

Risks to people in relation to the safe handling and administration of medicines was not well managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- We identified that a person providing care and support to people had been employed without enhanced pre-employment safety checks being completed. This was brought to the attention of the manager present at the inspection. We did not receive further assurances that this matter had been investigated or addressed.

Required pre-employment checks were not consistently being completed to protect people living at the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service told us they used some agency staff, but mainly bank staff to address staffing shortfalls. One bank staff member we spoke with told us they received detailed information from regular staff at the start of a shift and felt able to ask questions if unsure or concerned about anything.
- Each house had agreed staffing levels during the day and overnight. Due to risks, some houses had waking staff overnight who completed regular checks of people assessed to be at risk, for example, linked to experiencing seizures. Other houses had a member of staff asleep in the house overnight, therefore available in the event of an emergency. From speaking with staff, they told us that a sleep-in shift was part of a 24-hour shift, therefore they needed to be able to have a full night sleep as they would be working again the next morning.
- Staff told us they felt safe and well supported when working overnight. They said they could source support from surrounding staff and there was an on-call management team available to offer additional support when required.
- From reviewing staffing rotas, we identified houses with one member of staff on shift, and two people



requiring one to one support at the same time on the day of our inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated awareness of the service's policies and procedures in relation to safeguarding, however not all staff had got up to date safeguarding training in place. Those staff were listed on up to date staffing rotas as providing care and support to people living at the service.
- Safeguarding information posters were displayed in communal areas of the service and were in easy read formats.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We identified concerns around staff knowledge and understanding of whether a person had a DoLS in place, and whether this had been authorised by the local authority.
- Not all staff, including the deputy manager had current MCA and DoLS training in place. From reviewing people's care records and records of incidents staff were not routinely implementing the principles of the MCA and DoLS into their practice.
- From our observations and discussions with staff the main doors to some of the houses were being kept locked to prevent certain people from leaving without staff being aware. Consideration had not been given to whether this was posing a blanket restriction on the other people living in those houses, or whether there were less restrictive ways of managing these risks.
- Where applicable, people's care records did not consistently contain capacity assessments, or where capacity assessments were in place, these were not found to all be up to date or reflect they were being regularly reviewed.

Staff did not consistently work within the principles of the Mental Capacity Act (2005). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- We identified concerns in relation to staff training and competency checks relevant to their roles. From the training matrix provided by the service, not all staff had completed, or had up to date training for safeguarding, mental capacity, basic life support, the management of behaviours which challenge, dementia and epilepsy.
- From reviewing staff training completion against staffing rotas, we identified times where staff without training or out of date training were lone working with people. This did not provide assurances that staff could safely meet people's needs.
- Some staff told us they received supervision and had completed annual appraisals. We asked to see information relating to provision of staff supervision and performance-based appraisals to check these were being completed in line with the service's policies. This information was not provided by the service for us to review either during or after the inspection.

Staff were not up to date with the provider's mandatory training to meet the requirements of their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records were mainly written in a person-centred way, detailing people's preferences, likes and dislikes. They contained detailed personal profiles and documents that could be used if a person was admitted to hospital to support them while in an unfamiliar care environment.
- Where people experienced behaviours which challenge, the service had implemented behavioural support plans. When we discussed these with staff, they were confident telling us about the proactive strategies they used to effectively and safely meet people's needs. However, we observed staff handling an incident with a person during the inspection, and they did not start to implement the de-escalation strategies as listed in their care plan for over 10 minutes.
- The service completed pre-admission assessments with people before anyone new moved in and considered the needs of existing people living at the service.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good health and wellbeing.
- There was a weekly meal plan linked to the household shop, and people were able to choose what they wanted to eat with a meal rota in place. Communal eating was valued as a social activity, however some people preferred to eat on their own and this was respected. People gave feedback on the food. One person said, "They do food for me sometimes, I do breakfast like muesli. Fish and chips are good here, I love roast lamb, they do that occasionally." Another person said, "The food's not bad, it's all on the menu, we chose the menu. I need some help sometimes as I can't eat too much at a time."
- People's weights were monitored, and if staff identified any concerns we saw examples of where this had been referred to the GP.
- Staff had completed oral hygiene training, and supported people to attend visits to the dentist and maintain daily oral hygiene. We saw an example of where staff had worked collaboratively with a person's family to implement use of an egg timer to ensure they brushed their teeth for the required length of time.
- Care records contained clear guidance, which staff were familiar with in relation to arranging urgent medical appointments where people had high risk medical conditions. Staff told us they had good working relationships with local medical and learning disability health care professionals. One relative told us, "The

staff have taken a big weight off my mind. They get arrange all [family member's] specialist doctor's appointments."

Adapting service, design, decoration to meet people's needs

- Bathrooms, toilets, bedrooms and communal areas had varying levels of signage to assist people with familiarising themselves within the environment.
- People were able to personalise their bedrooms. Where required, people had access to equipment to assist with completion of tasks such as bathing.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity;

- When people approached staff or showed signs of distress, staff responded to their requests and provided reassurance. However, during the inspection we observed staff become confrontational with a person when they were displaying behaviours which challenge, which exacerbated the situation. We also observed some staff members to encroach on people's personal space when offering reassurance. Whilst this may be something the person found comforting, it may also be something they found intrusive, and could place the staff member at risk of being injured.
- Care records contained guidance for staff on methods of communication and interaction for people with sensory impairments or experiencing changes in their behaviour or mental health presentation. However, from our observations, this information was not consistently followed.
- We observed most staff treating people with affection and taking the time to have meaningful conversations. Overall, the atmosphere was relaxed, and people seemed to be at ease. We observed people enjoying sitting to eat lunch with care staff and spending time interacting. One person told us, "Staff are always nice to us here."
- Bedrooms were personalised, with people having objects and items of personal importance on display.

Respecting and promoting people's privacy, dignity and independence

- Risks within the care environment, and individual risk management were not consistently mitigated. This was not conducive to a high standard of care provision.
- We identified that some bedrooms and bathrooms had malodour, which did not protect people's dignity in relation to the management of their continence. We found a person was disposing of soiled continence products in bags designed for the disposal of animal waste. The packaging called them "Dog poop bags." However, after the inspection visit, we were told by the Registered Manager that the person chose to use animal waste bags for the disposal of their continence products.
- Staff told us how important it was to treat people with kindness and upholding people's privacy. One staff member said, "We are support workers, not carers, we empower people rather than doing everything for them. We treat people how we would want our relative to be treated."
- The service had the potential to enable people to develop greater levels of independence. There were rotas for people to set the dinner table, complete cleaning tasks of their bedrooms and be involved with cooking tasks.

Supporting people to express their views and be involved in making decisions about their care

- The service had a running programme of meetings for people living at the home. Agenda items were

discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service. This gave people choice and control over forthcoming activities and feed their ideas into the running of the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement At this inspection this key question remains rated the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We identified concerns in relation to use of restrictive practices, which were impacting on people's abilities to have choice and control over their daily lives. Some staff practices and approaches seen during the inspection did not reflect consistent standards of person-centred care provision or implementation of training into practice.
- Care records contained information about how people wished for their needs to be met at different stages of the day such what time they wished to get up, go to bed or to have a shower. People and staff told us they had choice on when they wished to go to bed, this was an area of improvement since the last inspection. One person told us, "I usually go to bed about 8pm and maybe watch TV in my room, I get up at 6am, I have breakfast at the table." Another person said, "I wake when I want, I go to bed when I want."
- Staff were aware of people's interests, hobbies and worked closely with people's families to provide tailored support. We saw examples of where people were developing new skills such as attending education and voluntary work-based placements to maximise their independence, develop life skills and confidence.
- People told us about the holidays they went on and trips away. They gave examples of how they were encouraged to choose where they wanted to go, and who they wanted to spend time with when away. This was an area of improvement since the last inspection.

Improving care quality in response to complaints or concerns

- Some staff told us they did not feel that the registered manager was responsive to their concerns and complaints. Where we had identified concerns, for example, around environmental risks, that required items to be purchased, we identified that the deputy manager did not have the authority to make these purchases in the absence of the registered manager. This impacted on the timeliness of responding to concerns, addressing shortfalls and risks.
- People and relatives consistently told us they felt the registered manager and deputy manager were approachable, and that if they had any concerns or needed to raise a complaint they would feel comfortable to do so. One person told us, "I have a Key Worker, they are nice, if I had a problem I would tell them, and they would sort it out." One relative told us, "I cannot remember the last time we had to complain. If we did have a complaint we'd chat to the manager."
- The service held regular resident meetings and people had one to one key worker meetings with designated staff members, offering an opportunity for people to raise concerns, make complaints or suggestions.
- From reviewing the information provided on complaints during the inspection, the service had not received any recent complaints or concerns. We did see examples of compliments received by the service from people, relatives and visiting healthcare professionals.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service implemented accessible communication standards for example providing information in alternative formats or providing information face to face rather than in a written format. We observed staff supporting people with communication needs to ensure they were able to give feedback and participate in the inspection process. However, from our observations, some improvements in consistently implementing AIS were identified.
- People had access to pictorial daily planning boards, books and personal diaries, pictures of which staff would be working on each shift to aid independent communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and staff told us about the arrangements in place to support people to purchase gifts and cards to give to relatives to celebrate birthdays and Christmas, to ensure they maintained regular contact with families and people important to them. The registered manager also gave an example of support provided to enable a person to attend a family wedding.
- Where possible, staff supported people to access activities in the local community to reduce social isolation. There was a day service facility on site, which some people attended, this offered the opportunity to socialise with people who lived in the community. One person told us, "I like the day centre, I do games and drawing." Another person told us about the voluntary work they did, "I work in a shop two days each week, I enjoy doing that, and go to different day centres."
- People told us about the activities available. One person told us, "I listen to music with my friend here, we like 80's music." Another person said, "I like it here, I like the Christmas and Halloween parties. One of the staff helped me get tickets for a concert, I want to go to that."

### End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, care records contained information on people and their relatives' wishes and preferences in relation to care provision at that stage of their lives.
- Care records contained details of protective characteristics such as people's cultural, religious and spiritual needs and preferences. Some people told us about being able to access regular religious services.
- Support was given to people to attend and contribute to funerals involving members of their family not living at the service. Staff also offered people support to prepare for when a family member's health deteriorated, and they were nearing the end of their life to ensure the person felt supported and was able to understand what was happening.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- On arrival at the inspection, we provided a written list of governance information we would need to review as part of the visit. In the absence of the registered manager, the service was unable to provide most key, up to date documents for us to review. Further opportunities were given after the inspection for the registered manager to submit copies of information requested, and not all the required documents were provided.
- The governance processes in place needed to be accessible to more than just the registered manager to ensure that in the event of an incident or concern, where the registered manager was unavailable, designated staff were able to access and provide the required information.
- Staff training completion rates including for the registered manager and deputy were low, with a lack of role specific training in place to ensure staff had the required knowledge and skills to meet people's needs and associated risks.
- Evidence of the completion of staff supervision and performance-based appraisals was not provided by the service.
- The service told us there were quality audits and spot checks being completed, but shortfalls in the service and care environment found during the inspection had not been identified through these processes. The service did not provide the requested copies of audits and quality checks during or after the inspection for us to review. We were therefore not assured that processes in place were robust, and that those staff completing the audits fully understood what they were checking for.
- The service has not sustained a good rating since the last inspection, and multiple breaches of regulation have been identified at this inspection. The registered manager was therefore not compliant with their CQC regulatory responsibilities.

Due to poor governance systems and processes in place, people were not protected from risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from staff in relation to the open and accessible culture of the management

team. Some staff told us they felt their views and feedback should be sourced on people's care and support needs as part of the review process as they had daily contact with people. Some staff told us they did not feel valued by the management team, and they felt if they raised concerns to the registered manager these were not always acted on, particularly if raised in an email as opposed to face to face.

- Staff and the management team lacked an understanding in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, their own accountability and responsibilities when the service was making decisions in a person's best interests.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives could provide feedback on the service through surveys and the complaints process in place. However, we identified that staff were supporting people to complete the questionnaires, and not offering people the opportunity to respond anonymously or via an independent body.

- Staff meetings were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting.

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  The care provider was not always working within the principles of the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards.  Regulation 11 (1) (2) (3) (5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The care provider did not always ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with medicines management  Regulation 12 (1) (2) (a) (b) (g) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The care provider did not have good governance processes and procedures in place.  Regulation 17 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The care provider did not have effective

recruitment processes in place, with gaps in completion of pre-employment safety checks identified.

Regulation 19 (1) (a) (2) (a)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The care provider did not ensure staff received training and competency checks of their performance to meet the requirements of their job roles. The care provider had not ensured there were sufficient staffing levels on each shift to meet people's assessed care and support needs.

Regulation 18 (1) (2) (a) (b)