

Telford Lodge Care Limited

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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

Telford Lodge provides long term accommodation for up to 45 older people, some of whom were living with dementia. There were 29 people living in the service at the time of the inspection, with one person in hospital.

The inspection took place on 16 and 17 February 2016 and the first day was unannounced.

The last inspection of the service was the 12 and 14 May 2015 when we found breaches of Regulations relating to supporting staff and good governance. At this inspection we looked at whether these breaches had been met and we found improvements had been made.

There was a 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 was not always the evidence that people had been asked to consent to their care and treatment. In some cases decisions had been made by others without evidence that the person had consented or had knowledge of decisions being made about their lives. However, there had been work carried out to ensure people were not being unlawfully deprived of their liberty.

People's individual care and support needs had been assessed and documented. The provider took action to identify, manage and regularly review possible risks to people using the service.

There were systems in place to keep people safe and support staff followed these.

There were enough staff to meet people's care needs.

The provider carried out pre-employment checks to make sure new staff were suitable to work in the service.

People received their medicines in a safe way.

People's health care needs were assessed and monitored and they were supported to stay healthy.

The provider listened to and acted on people's complaints. People felt able to raise concerns and felt these would be listened to.

There were audits and checks in place to monitor the quality of the service offered to people.

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?

Good 

The service was safe. There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed in a proportionate way.

People were protected from the risk of abuse. People felt safe and secure when receiving support.

There were enough staff to meet people's needs and the provider carried out pre-employment checks to make sure new staff were suitable to work with people using the service.

Safe arrangements were in place for the management of medicines and staff had been trained in medicines administration.

Is the service effective?

Requires Improvement 

Some aspects of the service were not effective.

People had not always been asked to consent to their care and treatment and in some cases decisions had been made by others without evidence of the person's consent or knowledge. However, we saw that no-one was being unlawfully deprived of their liberty.

The staff received the training, support and guidance they needed to care for people and meet their needs.

People's health care needs were assessed and monitored and they were supported to stay healthy.

People's nutritional needs were met and they had a choice of freshly prepared and nutritious food.

Is the service caring?

Good 

The service was caring. People who used the service expressed satisfaction with the care they received.

People's privacy was respected and staff supported people in an unhurried way.

Is the service responsive?

Good ●

The service was responsive. People's needs had been assessed and were being met.

People were involved, where possible, in the development of their support plans.

The provider listened to and acted on people's complaints. People felt able to raise concerns and felt these would be listened to.

Is the service well-led?

Good ●

The service was well led.

People using the service, staff and relatives spoke positively about the service and the registered manager.

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor the quality and safety of the service.

Telford Lodge Care Limited

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.

This inspection took place on 16th and 17 February 2016 and the first day was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had personal experience of using health and social care services.

Before the inspection we looked at all the information we held on the provider, including notifications of significant events and safeguarding alerts.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used different methods to obtain information about the service. This included talking with people using the service and their relatives and meeting with staff. As some people were not able to contribute their views to this inspection, we carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with 14 people who lived in the service and two relatives. We also met with the nominated individual, registered manager, deputy manager, finance manager, human resources and training manager, four team leaders, four care workers, activities coordinator, the chef and a visiting healthcare professional.

We looked at the care records for seven people who lived at the home, the recruitment, training and support

records for staff, the provider's own audits, records of accidents, incidents and safeguarding alerts. We looked at medicines storage, administration and the medicines records for 15 people.

Following on from the inspection we also received feedback from two relatives via email.

Is the service safe?

Our findings

Feedback from people was positive with comments from people using the service that they felt "very safe," and "I'm confident with the staff. The staff check on me at least once in the morning and at least once at night. The staff here are very good. I do feel safe." A relative confirmed that they had not "witnessed any inappropriate behaviour."

Staff we spoke with had received training in safeguarding and were all able to provide a definition of different types of abuse when asked. They were confident that they would know how to report any safeguarding concerns and said that they would inform the team leader or other senior staff in the first instance. One staff member said, "I would report any concern to the manager or the committee." None of the staff spoken with said they had witnessed any incidents of abuse or neglect.

The registered manager kept a good record of any safeguarding alerts or allegations, along with the response and outcome so that they could monitor these. The registered manager had notified the Care Quality Commission appropriately when there were any safeguarding concerns.

There were systems in place to manage people's personal finances and these were audited on a regular basis. The finance manager confirmed they checked people's money each month and members of the committee also carried out checks and counts to ensure people's finances were being appropriately looked after.

The provider took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for staff on how they should manage these. Risk assessments we saw covered the support people needed to manage their medicines, moving and handling, falls, nutrition and fire safety. Risks were reviewed each month to ensure any changes were documented and the information matched with the contents of people's care plans.

There was a system for recording accidents and incidents and staff were able to describe this. All accidents and incidents were recorded by the support staff. Improvements had been made so that much clearer information was recorded. Along with the details of the incidents any action taken or recommendations made were also noted so that people could be supported safely. A relative confirmed that when their family member had an accident they had been shown the record by a member of staff and were satisfied with how it had been dealt with.

The registered manager confirmed that as part of assessing the health and safety of the building, checks on window restrictors were carried out but had not been previously recorded. During the inspection the registered manager developed a form to document the checks carried out on all the windows to ensure people lived in safe premises.

We looked at staffing levels and a person told us that the service was "well staffed day and night." Another person told us that "The standards do not drop at night." We observed that there were enough staff on duty

to attend to people's needs, and staff were on hand to assist people to dress, move around the service or get to their rooms or toilets as required.

Staff commented that there were usually enough staff on duty but said that when the support staff were absent unexpectedly, or if they needed to go out with a person who uses the service, they were sometimes short staffed. However as the numbers of people using the service had recently decreased this was not a significant problem and the deputy manager confirmed that if they were needed they helped out working directly with the people using the service.

We viewed the staff rota over a period of a week and saw that each shift there was a team leader working to ensure the shift ran smoothly. There were staff allocation lists and staff were assigned to specific duties, such as setting the table in the dining room, doing the tea round or promoting activities. The deputy manager and team leaders confirmed that they had time allocated to them to carry out administrative work to keep the records up to date.

The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history along with any explanation of gaps in employment. Other documents such as the questions and responses from the interviews were also kept and applicants went through a literacy test to ensure the standard of their English and ability to write legibly were checked. An audit was completed on all staff files in 2015 to make sure the necessary documents were on each staff member's file.

People received their medicines as prescribed. We saw 15 medicines administration records (MARs) with no gaps or discrepancies. Stocks were accurately accounted for on the MARs and separate sheets for bulk medicines. Where there were variable doses prescribed, for example, one or two Paracetamol 500mg to be taken four times a day, the exact quantity and time it was given was recorded. This had been done following a recommendation from the previous inspection. In conjunction, staff demonstrated knowledge of the minimal intervals to wait before giving the next dose of a medicine. This assured us that enough time would be allowed before the next dose of a medicine was given. We spoke with two people who used the service who said they were happy with their medicines arrangements with the provider, received them on time and felt supported with their individual preferences and needs.

The service followed current professional guidance about the management and review of medicines. The registered manager had made improvements in the auditing of the medicines management processes since the last inspection, and we saw records of recent audits and the follow up action which had been taken. Audits included safe storage, temperature monitoring, Controlled Drugs and reconciliation of packaged medicine quantities.

We found that peoples' medicines were reviewed on a regular basis by two different sources. We saw evidence that the local community pharmacy supplier and GP surgery reviewed people's medicines at least every six months between them, which demonstrated an effective mechanism for managing the risks of medicines. Furthermore, the provider stated that they were happy with the medicines support arrangements they received from both the GP and pharmacy.

Medicines were stored, given to people and disposed of safely. We observed a medicines round, in which the staff member had protected time for administration and ensured people were administered medicines safely. This included appropriate hygiene procedures prior to administration and appropriate recording of medicines usage on the MAR. Medicines were disposed of safely in the pharmaceutical waste bin or sharps

container, with records of collection by the pharmacy seen.

In addition, following the last visit a new self-administration and PRN (when required) protocol process had been set up to provide a risk-assessment for people who may be suitable for these types of medicines. We saw that they were accurate and completed correctly for six people.

Areas of the service were clean and well maintained including bedrooms, bathrooms and communal areas. Toilets had paper towels and liquid soap available in all cases. Domestic staff were visible throughout the visit and used appropriate, separate colour coded cleaning equipment for different areas of the service.

Is the service effective?

Our findings

At the last inspection in May 2015 there was a breach of the regulation in relation to supporting staff. We had found that many staff had not received an annual appraisal of their work. At this inspection the registered manager provided evidence to show that staff had now received an appraisal. Staff we met confirmed this had taken place and that this had enabled them to look at areas they could improve on and set aims for the forthcoming year. We saw the registered manager kept a record of when staff appraisals took place so that they could be confident that all staff were receiving this type of support.

Newer support staff outlined the induction process, which included mandatory training and a period of shadowing experienced staff. We saw that new staff worked through the Care Certificate, (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support). There was also a detailed in house induction for new staff to go through to ensure they were prepared to meet people's needs safely.

Support staff all confirmed that they had regular training so that their skills and competencies were kept up to date. They considered that the amount of training provided was adequate. They explained that training was usually delivered face to face by the training or deputy manager, as they had been trained to provide training on many subjects, such as dementia and moving and handling. One person who uses the service said the staff were "trained well." A staff member confirmed that the training they received, "was relevant" to their roles and responsibilities. Staff were also supported to study for a social care qualification.

Staff confirmed they received one to one supervision. One staff member told us, "I can speak up at these meetings and get feedback on my work." We saw evidence that staff received this form of support approximately every six to eight weeks.

There was little understanding from the staff we spoke with about the principles of the Mental Capacity Act 2005 or the requirements relating to deprivation of liberty although some support staff said that they had received training in this subject, their awareness of the legal background or relevant terminology was low. We spoke with the registered manager and training manager who said staff had received training and information and that they would look again at offering more information and refresher training to support staff.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

There was little evidence that any mental capacity assessments had been carried out for individual people by the staff even though many people had a diagnosis of dementia. Although there was a mental health assessment form for each person with their mental health care plan this was a rating score not a mental capacity assessment. The information relating to specific interventions which may represent deprivation of liberty, such as the use of bedrails, or alert mats by the side of people's beds did not then indicate if the person had capacity and had agreed to this restriction or the monitoring of their movements. In five out of the seven care records we viewed the night time checking forms recorded that people were "unable to sign" to show they agreed to being checked. There was no record stating that they had capacity to agree or disagree to being checked during the night. Some work was carried out during the inspection to address the lack of detail regarding consent and consent forms were developed for people to agree to the use of bed rails and alert mats. A mental capacity assessment was also developed by the registered manager during the inspection, but further understanding and a period of using these new documents was needed to ensure staff fully understood their roles and responsibilities when supporting people and considering the MCA.

People's end of life wishes had been documented to an extent but in the records we viewed it was mainly noted to contact the person's family member. It was not clear on people's records if people had Lasting Power of Attorney for people's health and welfare so that decisions could be lawfully made on their behalf. End of life wishes were not always noted if a person had a Do Not Attempt Resuscitate (DNAR) form on their file and it was not clear if the DNAR needed to still be in place and therefore some decisions that impacted on the care of people were not always accessible or effectively documented. The registered manager said they would confirm exactly how many people wanted to have this in place and to make it clearer on people's care records so that staff also understood who this was in place for.

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

We did find some practices which had followed the principles of the MCA. The registered manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. For example, where people needed constant supervision, the registered manager obtained authorisation from the local authority. We saw that where there had been delays in people being assessed the registered manager had checked and reminded the relevant local authorities to ensure people were assessed formally as soon as possible.

There was also evidence that for one person where their medicines were crushed and administered with food. The appropriate authorisation and a decision to administer their medicines in this way was discussed and agreed by the GP, pharmacist and next of kin, as the person did not have capacity to understand that they needed to take their medicines for their well-being.

People's nutritional status was assessed and all had a care plan for eating and drinking. Weight was monitored on a monthly basis and recorded. These were up to date in the files seen and the monthly weight book recorded any weight gain or loss over the previous months so that any concerns could be flagged easily. There were no people currently at risk of malnutrition and the files seen showed that people's weight had been maintained at a steady level.

People's comments overall on the meals was complimentary. Comments included, "The food is good, I

mainly like it," and "I have dietary requirements but there is a choice of food within those requirements so I do enjoy the food. I can also snack when I want," also "there's a choice from the menu." When a person had said they wanted more Caribbean meals on offer, we fed this back to the registered manager who confirmed this was provided for people when they wanted it but that often people were out in the community and missed the meal.

The chef said that lunch choices were made by people every day and they could change their minds later if they wished and additional preferences/requests could be accommodated. One person told us that they often bought particular food that they wanted and the chef cooked it for them. Water and juice were available throughout the day and other drinks on request.

People saw healthcare professionals and one person confirmed that, "My health needs are being met ok." Visits had been very well documented and there was evidence of visits from GPs and some other professionals such as dentists, chiropodists and opticians. However, there was no record of the visits from the district nurse although there were daily visits to people. We spoke with the district nurse who said they kept their own records but these were not shared with the service and they did not complete visit forms as the other visiting professionals did. There was a record in the person's care plan that noted that the district nurse came regularly to change dressings and noted any symptoms or signs that staff should be aware of, for example, leaking dressings. The registered manager confirmed they would look into if any further records needed to be implemented so that pertinent health information such as the progress of the leg ulcers was made available to the support staff team.

Is the service caring?

Our findings

Feedback on the staff team was complimentary. Comments from people using the service included, "I'm very happy here, always laughing with people. The staff are good, kind & compassionate & they are prepared to chat to you," also "The staff are perfect & respect my wishes," "Staff do respect my privacy and confidentiality" and "I do find most of the staff to be kind, caring, considerate and respectful towards me." One person told us that they had "specifically requested a female carer (care worker) and this was sorted out immediately."

A relative told us that they had "found the staff to be caring and considerate to a good standard." They also said that "the Home is clean, bright and warm. The garden is inviting and relaxing." Another relative told us that the service had a "very caring team of staff where everyone is made to feel welcome." A third relative commented, "The care is wonderful here, it's always clean and the staff are very friendly and always welcoming – they offer genuine care"

We observed caring and positive interactions with people. During our observation at lunchtime we saw staff sitting with people and encouraging them to eat their meals. Staff offered people an alternative if they were refusing to eat the meal. We also saw during the inspection that the support staff were pleasant, gentle and cheerful and were unhurried with people, helping them to mobilise carefully and communicating clearly. It was apparent that staff were aware of people's different needs, abilities, preferences and personalities and took time to acknowledge and accommodate their needs.

People's care records also documented things that were important to them, such as routines, family and their interests so that staff knew how people might like to live in the service and what they might enjoy.

People using the service were able to choose where they spent their time. During the inspection, people spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people.

We saw that people's privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. We observed staff knocked on bedroom doors before entering. Bedrooms were personalised with people's possessions and pictures. Some rooms displayed a brightly coloured name of the person on the door to remind them of where their bedroom was.

There was some information in people's care records about their preference of the gender of staff that supported them with their personal care, although this could be made clearer which we discussed with the registered manager and they confirmed this would be made more obvious in all people's records.

There were quarterly meetings held for people using the service and relatives. There were minutes of meetings held in 2015 in April, August and October and these were clear and well documented. Minutes indicated a good level of satisfaction with the service and various relevant topics were discussed including outings and celebrations for example, barbeques and an outing to visit the Christmas lights.

There was a quarterly newsletter which was available in the reception lobby of the service and this was bright and cheerful and advertised upcoming outings, entertainment and celebrations, as well as religious services held in the service.

Is the service responsive?

Our findings

At the previous inspection in May 2015 we found a breach in people's records not being accurate or complete. There was inconsistent information in people's care records. Some information was not detailed, was inaccurate and not up to date. At this inspection we found there had been improvements to the detail in people's records as they were more accessible, person centred and were reviewed on a regular basis.

People were involved, where possible, in the development of their care plan and associated documents relating to a person's life. Comments from people included, "I'm involved if it's (the care plan) ever amended at any time. Yes, my care is what I need," also "I have a care plan which is updated on a regular basis. I was involved in its creation and am also involved when there are amendments. I can look at it any time I like and my care from the staff is spot on," and "My care plan is updated constantly and I'm involved with that."

A relative told us that they had "been involved in (family member's) care plan and that they felt able to contribute effectively." A second relative said they were "heavily involved with my (family member's) care plan."

Each person had an individual care file containing a pre-admission assessment that outlined their care needs which was comprehensive and clear. Aspects assessed included medical needs, mobility, communication, skin integrity, continence, pain management and sexuality.

People's care plans showed long term objectives, known risks and the plan of care. Details were relevant, clear and meaningful and plans contained a good level of person centred detail with information on routines and preferences for example, the person's food likes and dislikes, usual time of going to bed/waking up, social interests and other activities enjoyed. In one person's care records we saw that staff had recorded that the person was "able to choose and select their dress for the day." On one person's care records some information had not been reviewed the previous month and this was addressed during the inspection.

Staff were able to outline people's individual needs and were clearly familiar with the different characteristics, routines and preferences of the people living in the service. Some staff mentioned that there was a keyworker system that was in place and that the key support staff member would be responsible for updating monthly evaluations in care plans in future which would ensure that they were more involved in documenting care.

The daily records the support staff completed needed some improvement regarding what information was recorded. Comments were generic, not always noting the mood of the person and it was not always clear when a person had been supported to have a bath or shower. However, people did tell us that they received a bath or shower when they wanted one. We informed the registered manager of the findings from the daily records and they confirmed they had been aware that these records needed to note more detail. They had developed a new daily record form which included a column where staff would note if a person had received a bath or shower and this would also be raised at the next staff meeting to ensure staff were reminded of the

importance of these records.

Several people confirmed they saw family and friends and when they wanted to they went out either alone, if they were able to or with family members. One person told us, "I do go out on the trips usually. They're usually fairly enjoyable. I sometimes go for a walk." Whilst another person said, "I went to see the Christmas Lights in December and went shopping two weeks ago."

There was a new activities coordinator in post. The registered manager confirmed that the new activities coordinator would be supported to complete specialist training for their role provided by the National Association for the Provision of Activities (NAPA). The activities coordinator said that the activities schedule was a guide and that activities were flexible according to who was present, people's wishes on the day and the weather. They reported that a range of activities were on offer from discussions, reminiscence, games (quizzes, bingo), musical activities and gardening. We also saw that each month an organised trip was arranged and a relative confirmed that that, "The last trip was to the cinema on Sunday afternoon followed by dinner."

There was clear information about how to make a complaint in the main hall of the service showing the procedure to follow, who to complain to and how to escalate, along with relevant time lines for response to complaints. A person using the service told us, "I've never had cause to complain about them, about anything actually and feel that, if I had to, it would be sorted with sincere input from them. I feel that I could talk to them about absolutely anything at all and they'd (staff) listen." Another person said, "I've never had cause to complain. I'm sure that there would be immediate action if I did." A third person told us, "I've never had the need to complain but feel that the management would sort out my grievances quickly if I had any."

A relative said they would "start with the members of staff concerned but will not hesitate to take matters to the Manager both verbally and in writing." They also confirmed they were aware of other external agencies that could assist them if they wanted to raise a complaint.

The complaints file had noted one complaint since the last inspection and this was very well documented with evidence of interviews, witness statements, filed chronology and action taken.

Is the service well-led?

Our findings

At the previous inspection in May 2015 we found a breach in the regulation for good governance. There were some audits and checks in place but these had not fully identified all of the issues found at the previous inspection and therefore there were no action plans in place showing how these issues would be addressed. At this inspection we saw that there was regular monitoring of the service.

Different types of audits and checks were in place and captured any issues so that they could be addressed. This included, the registered manager carrying out a monthly trend analysis of accidents and incidents so that they could see if a person required different levels of care and support. The registered manager had a tracker to monitor when staff attended staff meetings and the date for when they received one to one supervision with their line managers. This enabled them to see that all staff had the support and guidance they needed to carry out their jobs successfully.

The service had other audits in place, for example the registered manager carried out night time spot checks and reported their findings and they noted points that staff needed to address. The last check was in January 2016. The checks that needed to be carried out were clearly noted along with who was responsible for these audits. Regular maintenance and safety checks were carried out. Water temperatures, food storage temperatures and the home's fire safety systems were all checked and records were kept to ensure any faults or issues were picked up quickly. The last fire drill was held in January 2016. We also saw up to date checks from external companies on portable appliances, fire and smoke alarms and legionella testing.

The provider had developed and improved the areas they checked which included looking at recruitment, care plans and the environment. Furthermore there was now an external consultant who had visited in October 2015 where we viewed their report and again recently they had visited and the registered manager was waiting for their report. Where they had made recommendations, we saw there was an action plan in place so the registered manager could monitor when the points had been addressed.

People and those important to them had opportunities to feedback their views about the service and the quality of the care and support they received. Relatives confirmed they were asked for their opinions and feedback through discussions with the staff and annual quality assurance questionnaires. The registered manager confirmed that they had sent these out to people who used the service, relatives, staff and professionals. They were only just receiving these back and would be analysing the results to see if improvements needed to be made to the service.

Feedback on the registered manager was positive. One relative confirmed that they were "prepared to listen," and that when they made suggestions about how their family member could be cared for in a slightly different way the changes were implemented. Another relative said the registered manager had been "excellent at ensuring that all staff were familiar with policies and procedures and she that she was consistent in her approach which in turn shows good leadership skills. Over her time she has developed a good rapport with both staff and families." Staff also spoke positively about the registered manager informing us that they were supportive and visible in the service. They said they regularly spent time talking

with people who used the service.

The registered manager confirmed they were enrolled on a leadership and management level five course and kept informed of current good practice through receiving updates and information from various organisations, such as, the Care Quality Commission and Skills for Care, which is an organisation that offers support and guidance for social care organisations on the training and support they need to provide to staff.

There was a communication diary and handover records kept which recorded issues of note such as reminders of visits or appointments and any areas of concern. These diaries were well maintained and were up to date. Staff also had regular meetings each day at the handover of a shift and monthly at the main staff meetings. These meetings gave staff the chance to share information and to hear news about the service.

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 | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users had not always been provided with the consent of the relevant person.</p> <p>The registered person had not always acted in accordance with the Mental Capacity Act 2005.</p> <p>11(1)(3)</p> |