Care Quality Commission

Carebase (Histon) Limited

Bramley Court

Inspection report

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Date of inspection visit: 26 and 31 March 2015
Date of publication: 01/06/2015

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?	**Good**
Is the service well-led?	**Good**

Overall summary

Bramley Court is a home providing nursing and personal care for up to 67 people, some of whom are living with dementia. There are three units called Cherry, Pear and Damson. All bedrooms have en-suite bathrooms and there are external and internal communal areas for people and their visitors to use.

This unannounced inspection took place on 26 and 31 March 2015 and there were 62 people living at the home.

Our last inspection took place on 15 April 2014 and as a result of our findings we asked the provider to make improvements to staffing levels. We received an action plan detailing how and when the required improvements would be made by. During this inspection we found that the necessary improvements had been made and that there were sufficient staff to safely meet people's assessed needs.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service,. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient staff to safely meet people's assessed needs. Staff were trained and well supported by their managers and were only employed after satisfactory employment checks had been carried out.

Although staff were trained to administer medicines, poor record keeping meant we could not be confident that people were receiving their medicines as prescribed.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguarding (DoLS) which applies to care services. We found that people rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, they had not been well supported in the decision making process. DoLS applications were in progress and were being submitted to the authorising body.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. Regular safety checks of equipment were carried out.

People received care from staff who were kind and caring. Staff respected people's privacy and dignity. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's individual needs. People were supported to pursue a range of hobbies and interests, both in groups and individually.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Care records were reviewed an updated so they reflected people's current health and care needs

The registered manager was supported by senior staff, including qualified nurses, care workers and ancillary staff. The home was well run. People's views were listened to and acted on.

People and their relatives were encouraged to express their views about the service provided through meetings and surveys.

We found a number of breaches of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponded to the Health and Social Care Act (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.

Summary of findings

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.

Medicines were not always managed safely and we could not be certain that people received all of their medicines as prescribed.

People living at the home were kept safe from harm because staff were aware of the actions to take to report their concerns.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to safely meet people's needs.

Requires improvement

Is the service effective?
The service was not always effective.

Staff had an understanding of the Mental Capacity Act 2005 (MCA). However, the rights of people who were not able to make their own decisions might not always have been protected.

People were cared for by staff who were trained and well supported to carry out the role for which they were employed.

People were supported to eat and drink a balanced diet and people's health care needs were met.

Requires improvement

Is the service caring?
The service was caring.

People received care from staff who were kind and caring.

Staff had a good knowledge and understanding of people's care needs and preferences.

Good

Is the service responsive?
The service was responsive.

People's care was regularly reviewed, and changes made to their care plans to ensure their needs were met. People were supported to pursue a range of hobbies and interests, both in groups and individually.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

There was an effective complaints procedure in place.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The service had an effective quality assurance system which was used to drive improvement.

There were opportunities, through meetings and surveys, for people, their relatives and staff to express their views about the service.

Bramley Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced inspection took place on 26 and 31 March 2015. It was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who has used, this type of care service.

Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at all the information we held about the service. This included any notifications we had received about the service since our last inspection. A notification is information about events that the registered persons are required, by law, to tell us about. We also received information from one commissioner and two health care professionals prior to our inspection.

During our inspection we spoke with eight people, and the relatives of nine other people, who live at the home. We also spoke a visiting health care professional, the registered manager, and 13 other staff who work at the home. These included senior staff, including a registered nurse, care workers, activity co-ordinators and a maintenance worker. We observed the way care was provided to help us understand the quality of the care people received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a special way of observing care to help us understand the experiences of people who could not talk with us.

We looked twelve people's care records, staff training records and four staff recruitment records. We also looked at records relating to the management of the service including audits, staff meeting minutes, staff supervision plans and complaints records.

Following our visit we received further information from another person's relative and a care professional.

Requires improvement

Is the service safe?

Our findings

Most people told us that staff assisted them with their medicines appropriately. One person told us, "My medication is administered four times a day and I get it when needed." Another person said, "I have my medication on time, morning, lunchtime and at night."

We found medicines were stored securely and at the correct temperature. Staff told us, and records verified, that staff had been trained to administer medicines. Our observations showed staff giving people lots of positive encouragement to take their medicines, explaining what each medicine was for.

We looked at five people's medicines administration records (MARs). Staff described the protocol if people's medicines were not administered, for example, if the person refused to take their medicine. We found this protocol had not been followed.

We found two gaps in recording on one person's MAR relating to oral medicines. We also noted that another medicine was still in the pre-packed monitored dosage system, but had been signed by staff as having been administered. A stock check of another of the person's medicines showed eight more sachets in stock than recorded. In addition, records had not been maintained for the three people whose records we looked at who were prescribed creams to be applied to their bodies. One person we spoke with told us that staff did not apply a cream to their skin every day as prescribed. This meant that it was not possible to know if people had received all of their medicines as prescribed or not.

Staff told us that if two people refused their medicines, these were then given covertly. This means the medicine was mixed with food or drink and the person was not aware they were taking the medicine. Staff confirmed that no capacity assessment or best interest decision had been made in relation to this for one person. The other person's care record stated the person lacked capacity to make complex decisions, but did not specify whether they had to the mental capacity to make decisions about their medicines. A document recording the decision to administer medicines was signed by the registered manager and the pharmacist. However, staff confirmed there was no record that the prescriber of the medicines had attended the meeting where the decision was made.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives had mixed views on whether there were sufficient staff to meet people's needs. One person told us, "The staff are kind and helpful. At night there are two [staff] on duty and if I ring my buzzer they will come. As far as I am concerned there are enough staff." Another person said, "There seem to be enough staff to me." However, another person told us, "I ring for a bed pan and find it can be a long wait before they come back after they have first put their head round the door to say they won't be long."

Four staff told us that the staffing levels had improved and there were sufficient staff. However, two staff commented that staffing levels were inconsistent and this could sometimes impact on the care people received. During the two days of our inspection we saw staff responding promptly when people required assistance. However, there were four occasions when people required support, but there were no staff in the vicinity to respond to them.

The registered manager showed us that she used a recognised tool to calculate the number of staff required to provide people's care in each unit of the home. Rotas showed that, with the exception of those occasions when short notice staff sickness occurred, the staffing levels met, and often exceeded, those recommended by the staffing tool. This meant there were sufficient staff to provide care safely to people.

The people we spoke with said that they felt safe living at the home. One person told us, "This is a comfortable and safe place to be." Another person said, "My summary of this home is that it is a nice place to be. I'm comfortable, have freedom and security and am provided with all I need." One relative commented, "My [family member] is 100% safe here."

The registered manager told us in the PIR that all staff received training in safeguarding people from harm. All the staff we spoke with confirmed this. Staff were knowledgeable about safeguarding. They described how to recognise, report and escalate any concerns in order to protect people from harm, or the risk of harm. One staff member told us, "I would listen to, not lead, a conversation

Requires improvement

Is the service safe?

and then pass it on. I would refer anything of concern to management." Another member of staff said, "I'd go straight to manager, if [there was] no action then head office and there's a number of the board to call."

Records showed that risk assessments were carried out to reduce the risk of harm occurring to people whilst still promoting their independence. We found that staff had identified people at risk of health issues and followed risk management strategies to protect people. Risk assessments we looked at had been completed and regularly reviewed. These included, but were not limited to, moving and handling and nutrition.

Staff considered ways of planning for emergencies. For example, one person regularly accessed the community without support. The person had a mobile phone which they could use to contact staff and the address of the home in their coat pocket. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the home. Accident and incident records included details of all incidents or near misses. The registered manager reviewed these regularly to ensure any action required to reduce the risk of reoccurrence was taken.

We found that regular checks were carried out on equipment to ensure it was safe to use. This included, for example, the maintenance and safety checks on the minibus which was used to transport people who lived at the home.

The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of the prospective staff member's experience and good character.

Requires improvement

Is the service effective?

Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a clear understanding of their responsibility to protect the rights of people who were not able to make their own decisions. They explained that it was recorded in each person's care plan whether people had been assessed as having the capacity to make decisions. The registered manager told us that capacity assessments were being completed and, where appropriate, applications for authorisations under Deprivation of Liberty Safeguards (DoLS) had been made to the authorising body.

The registered manager told us that MCA and DoLS training was not mandatory. However, the provider was working towards ensuring that all staff received this training. Staff we spoke showed some knowledge of the MCA and DoLS. They told us that they try to involve people in every day decision making, such as what they wanted to wear. One member of staff commented that people living with dementia responded better when limited choices were offered.

We saw limited information on how people's capacity was assessed and how people were supported with specific decision making. The registered manager told us that copies of any valid consent, for example, power of attorney or advanced directives, were held on file in the office with a copy of the person's care plan. We noted that a person's next of kin had signed various documents relating to consent. For example, consenting to the person's care plan, medicines, and chiropodist visits. A senior member of staff was not able to tell us if this person's next of kin was legally able to give valid consent for these matters. We asked them to check and they told us they did not know where this information would be. We saw a partially completed mental capacity assessment on this person's care file dated October 2014. However, this did not record the decision it related to. This meant that the rights of people who were not able to make their own decisions might not always have been protected.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that where people had a 'do not attempt resuscitation' (DNAR) decision in place, these had been completed appropriately and staff were able to find them quickly. Staff were clear that if a person collapsed they would attempt to resuscitate the person unless a DNAR was in place.

People told us that staff were competent to care for them. One person told us, "The staff all recognise me and they seem to know what they are doing." Another person said, "Most of the staff are friendly and know what they are doing." However, one relative told us, "Overall, the care of my [family member] is satisfactory - but … the level and quality of care is so dependent on who is giving the care. There does not seem to be a consistency and standard across the staff - and this is reflected in the adequacy of personal care given and attention to detail."

All the staff members we spoke with were enthusiastic about their work and were aware of people's likes, dislikes and care needs. They told us they felt they had been well trained for their roles. New staff confirmed they had completed an induction. They told us this included training in topics such as safeguarding and moving and handling. The also told us that they 'shadowed' a more experienced member of staff until they were assessed as competent to provide care.

Staff members told us about the mandatory training programme and additional training they had access to. This included, but was not limited to confidentiality, fire safety, infection control, and dementia awareness. One staff member told us the training they received "helps us to provide what the residents need." We saw that a system was in place to remind staff of when refresher training was due and was followed up to ensure this was completed in a timely manner. Staff told us that the provider supported them to work towards and achieve National Vocational Qualifications (NVQs) in health and social care. This demonstrated that staff were supported to pursue vocational training.

Staff members told us they enjoyed their work and were well supported. They said they attended staff meetings and received supervision. One member of staff told us that their supervision sessions, "Tell me what I'm doing well and can improve on and I can raise things. It's nice to have supervision… it makes me feel genuinely enthusiastic." Another member of staff told us, "I can always ask someone if I'm not sure about something. It's a really nice

Requires improvement

Is the service effective?

place to work. I feel well supported." Some staff told us they had never had an appraisal, others that it had been well over a year since their last one. The registered manager told us that the three unit managers had all been in post less than 12 months. She said that training in how to perform staff appraisals was planned for senior staff and a formal programme for staff appraisals would be developed later this year.

Most people were complimentary about the food served and said there were plenty of drinks provided. One person told us, "There is plenty of food and it's mostly good and the nice thing is they will do an alternative if you request it." Another person said, "The food is very good and as I'm a bit of glutton, I appreciate good things to eat. If I need a drink I will be given one on request, but in any case they come round regularly asking if we would like one." A relative told us, "[My family member] has puree food. I check the temperature for [them]. It is nicely presented and [my family member] seems to enjoy it." However, one person told us, "The food is not good. It's poor quality, especially poor cuts of meat, soggy cabbage and dehydrated potatoes." Another relative said, "The food is variable and unattractive and not the least bit appetising."

Two people also commented to us that supper at 4.30pm was too early. One person said, "I really don't like this and others tell me the same. You get a drink and biscuit later but it's a long time to go without a proper meal until breakfast."

We observed lunch being served to people in the three units of the home. During lunch time the dining rooms were calm and people were assisted in an unhurried way. We saw positive interactions between staff and residents with conversation initiated by staff. The food looked appetising and people seemed to enjoy the food. Staff asked people if they had enjoyed their meal and offered second helpings. On each unit some people were either unable to eat in the dining room because they were being cared for in their rooms, or chose to take their meals in their bedrooms. Staff provided assistance where appropriate.

Records showed that people's weight was regularly monitored and action had been taken where concerns had been identified. Where there were concerns about people's food or fluid intake we saw that referrals had been made to dieticians and or speech and language therapists. Food and fluid charts had been implemented for people at risk of malnutrition or dehydration. However, we found these had not been consistently completed in sufficient detail for staff to be able to monitor people's food and fluid intake. This meant we could not be confident that the person consumed or was offered sufficient fluids. On the second day of our inspection the registered manager told us the improvements had been made to food and fluid charts. However, were not able to test whether this improvement had been sustained.

We saw that care plans were up to date and people were supported to access appropriate health care professionals. One person told us, "The doctor comes on a Monday. You can put your name down [to see them]. They [also] come at other times." Another person told us, "If I requested a doctor they would do it but they are on the ball and get that sorted before I even ask." A relative told us their family member "had a bad eye the other day – they [the staff] referred quickly." The person's care record showed the GP had visited. Another relative told us, "I am kept informed. I like to know when [my relative] sees a doctor."

Records showed that people's health conditions were monitored regularly and health care support was requested promptly. However, a health care professional told us that recently staff had not referred one person to their service as quickly as they should have. This was being investigated under safeguarding protocols.

Good

Is the service caring?

Our findings

People told us that most of the staff were kind and caring. One person told us, "The staff are kind. I tell you when you are stuck in bed like me that matters. They make sure they have a chat with me." Another person said, "I have a laugh and joke with staff and it makes me feel good to have that relationship." However, two people said some staff were not always gentle or treat them with respect. One person said, "A few staff seem uncaring and sometimes I think I'm a dummy being moved about. Of course there are some lovely people working here and it makes life so much more pleasant in the home when it's like that." Another person told us, "The nursing quality is good but you notice when they are in a hurry because they are not so gentle with you. I tell them to stop it, or mind my arm or something and they are always apologetic."

People's relatives also made positive comments about the staff. One told us, "The great majority of staff are caring and considering how busy they are it's a compliment to them that they remain in good spirits, chatting away and managing a smile at the most challenging times."

A health care professional who visited the home regularly was also complimentary. They told us, "I have found staff to be caring and very understanding and would consider placing an elderly relation [at Bramley Court] should the need ever be necessary."

We saw kind and caring interactions between the staff and the people who live at the home. Staff were polite and friendly. They initiated conversations and listened when people spoke with them. We saw staff respond quickly and calmly when a person became upset and anxious. Staff were knowledgeable about people's needs and interests, including people's religious and cultural values and beliefs. This information was also incorporated into people's care plans.

Staff told us about the importance of involving people in every day decisions. The people we spoke with verified this. One person told us, "They ask me to choose what I want to wear for the day and ask me what colour I want, then they get my clothes out for me." Another person said, "I choose when I go to bed and get up which is nice." We saw that people could choose where to spend their time and take their meals. Several people chose to spend time in their bedrooms, while others preferred the communal areas of the home. People's relatives said they were kept informed of any changes in their family member's condition. One relative said, "I feel involved and informed. I really do." The registered manager told us an advocacy service was available if people required it. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

People and their relatives told us that staff encouraged and made visitors welcome. One relative told us, "The staff acknowledge me in a way that makes me feel I am a friend. How nice is that?" A person who lives at the home said, "If you want someone to stay for lunch you only have to say. That is a nice touch which I appreciate."

We found that people were treated with respect and dignity, and their privacy was respected. For example, people told us that members of staff knocked on people's doors before they entered and spoke with them in a respectful way.

Good

Is the service responsive?

Our findings

We spoke with the relatives of two people who had recently moved to the home. Both told us that staff had assessed their family member's needs prior to their admission. One relative told us, "They did a thorough assessment at the hospital. I was very involved." This helped to ensure that staff could meet people's needs.

These assessments were then used to develop care plans and guidance for staff to follow. This included information about people's health needs, religious beliefs and how the person preferred their care needs to be met. We found that staff were knowledgeable about people's needs and preferences. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity, people's families and friends, and people's historical information were used to assist with people's care planning.

Care plans were regularly reviewed by senior staff. We saw that when people's needs changed, the care plan was updated and this was communicated to staff. This meant that staff had current, up to date information about how to meet people's care needs. We looked at the care plans of six people who required assistance with their skin care or wound management. We found that care plans had been updated and staff had followed the guidance. For example, records showed that staff had followed one person's care plan which directed staff to reposition them two hourly to reduce the risk of skin pressure wounds.

People and their relatives told us that staff were responsive to people's changing needs and preferences. A relative said, "My [family member] manages to eat without assistance. Lately [my family member] has started having meals in [their] room and has less confidence in walking. The staff have tried to encourage [my family member] to walk but now accept that is not what [my family member] wants." Another relative told us that their family member lived with dementia. They said the staff "really understand " their family member and provided " really good" care.

Information on people's hobbies and interests was included in their care plans. We saw there was an extensive range of activities on offer at the home depending on people's preferences. During our inspection this included a fitness session, cake making and indoor gardening. People were encouraged to be involved as much as they wanted and were able to be. Staff told us that they had also spent 'one to one' time with some people, encouraging them with hobbies. We saw pictures of various group activities which had taken place in recent months. These included themed parties and trips out. The manager told us there were strong links with the local community. Staff agreed with this and told us that local community groups were actively encouraged into the home, for example, a local pre-school group were planting seeds and the local youth football team visited monthly. The staff frequently updated a social media website, which also illustrated what activities people had participated in. One person told us, "There are things going on if you want to get involved." Another person said, "Everything is excellent. Recently a group of us went out for a meal with a bunch of staff which was really good fun."

Staff had a good working knowledge of how to refer complaints to senior managers for them to address. We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, concerns were identified with the telephone system which meant it was difficult for people to communicate with their friends and relatives. The registered manager investigated and found the system did not meet the needs of the people living at the home. The registered manager took action to remedy this including the purchase of two new handsets and a 'booster' to increase the signal.

Good

Is the service well-led?

Our findings

People made positive comments about the way the home was run. One person said, "The boss is marvellous." Another person told us, "The manager is excellent and runs a good ship." Most people's relatives were also complimentary about the way the home was managed. One relative told us, "I am happy with the way the place is run." However, another relative told us, "Staff work instinctively in the approach they prefer." They said there was a "lack of direction" for staff and described the management as, "Haphazard."

A registered manager was in post. They were supported by senior staff, including qualified nurses, care workers and ancillary staff. We found that the registered manager and staff had a good understanding of people's care needs. Staff were clear about their roles and the lines of accountability within the home. We saw that action had been taken to address areas where staff members' performance had not met with the provider's required standard. All staff we spoke with were familiar with whistle blowing procedures. They told us they felt confident about reporting any concerns or poor practice to their manager.

Staff described an open culture where they told us they could "say what we think." They referred to the "Bramley Family" and described it as a caring, fun and loving environment. One member of staff said, "The home is well run and the management gives us the freedom to make decisions, although they expect us to run ideas past them first. This is why I have been here for such a long time. I don't want to work anywhere else. I am 100% happy." Another member of staff said, "I feel valued as a member of staff and that's important to me."

The registered manger told us that various meetings were held to communicate with, and gain the views of, people, their relatives and staff. We looked at the minutes of the last two residents meetings. We saw that appropriate staff attended these meetings, dependent on the agenda items. For example, we saw that a maintenance person had attended the meeting where planned building works were discussed.

The registered manager also sought feedback from people through annual surveys. We saw the results of the last survey which was issued un April 2014. The registered manager had used this to make improvements to the service. For example, four of the 18 people who responded said that they felt the management team was not available when they needed them. The manager had introduced a point of reference in the reception area for when they were not on duty. This provided the name and photograph of the most senior person on duty, so people and visitors knew who to contact.

The registered manager showed us that there were systems in place to regularly assess and monitor the quality and safety of the service provided. These included but were not limited to, audits of complaints, accidents and incidents. The registered manager told us they used these audits to identify and if appropriate, address any themes. A sample of people's care records and staff personnel files were also audited each month. We saw there was an action plan in place for any areas where improvement was needed. The positive results from audits helped the provider to ensure a good standard of service was provided.

The Business Manger produced a monthly report of their visits to the home. This report showed they monitored various aspects of the service provided including, but not limited to: recruitment, training and care planning. Their visits included speaking with people who lived at the home, their relatives and staff. We saw that any shortfalls identified were included in an action plan and the progress reviewed the following month. For example, the amount of training the staff team had completed was identified as being 'borderline compliant' with the target set by the provider. This had been included in the action plan and progress reported the following month.

Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

The registered manager told us about their, and their staff members, links with external organisations, including strong links with local community groups. Examples of this were visits from a pre-school and a local youth football team. The registered manager told us that staff were members of national Activity Provider's Association (NAPA). This is a registered charity for staff interested in increasing activity opportunities for older people in care settings. They also told us that the provider ran a 'Heart of Gold' event. People, relatives and staff voted for members of staff who they felt had 'gone the extra mile'. A team leader within the

Good

Is the service well-led?

home had recently won this. A nurse had also been a regional finalist for the National Care Awards 'Best Nurse' and the provider had been a regional winner for 'Best Employer'. This meant that good practice was recognised and celebrated.

The registered manager confirmed that the regulated activity 'diagnostics and screening' was not carried out at this service. We therefore did not assess this during our inspection on 26 and 31 March 2015. We have asked the provider to consider removing this service from that part of their registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used the service were not protected against the risks of unsafe management and administration of medicines. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People who used the service who lacked the mental capacity to make their own decisions could not be assured that decisions were made in their best interest. Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.