

# Stroud Care Services Limited

## Fieldview

### 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 16, 18 and 19 August 2016 and was unannounced. Fieldview is a service based over two individual buildings called Fieldview and Westend. Fieldview and Westend provide support for people living with mental health conditions. Fieldview provides residential care for seven people. Seven people were living at Fieldview at the time of our inspection all of who required assistance with their personal care. People living at Westend received support and care to meet their needs, five of the seven people living at Westend were receiving support with personal care from project workers. The service is located near the centre of Stonehouse, close to a range of local amenities.

Fieldview had a registered manager for one of its regulated activities. The registered manager for Westend had left in June, therefore there was not currently a registered manager for the regulated activity 'personal care'. The provider was currently restructuring the management of all of two of their care services. 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 and associated Regulations about how the service is run.

We last inspected the service on the 24 and 25 July 2015. At this inspection we found the provider was not always acting in accordance with the requirements of the Mental Capacity Act 2005 and the associated code of practice. The service had not always recorded where people could or couldn't consent to their care. The provider did not always ensure people's care records were complete or current. There were not always effective systems in place to assess, monitor and improve the quality and safety of the service provided. At our inspection in August 2016 we found that appropriate action had not been taken by the provider and registered manager to meet the relevant regulations.

People's legal rights were not always protected and people could be at risk of receiving treatment and support they did not consent to. People's capacity to consent to aspects of their care and treatment were not always recorded. Some people were being deprived of their liberty without appropriate authorisation.

The provider and registered manager did not always operate effective systems to assess, identify and improve the quality of service people received. Systems were not always carried out consistently. Where concerns had been identified action was not always taken to improve the quality of the service. The provider and registered manager did not always ensure that new staff were of good character before they worked with people. People's care records were not always detailed and did not always reflect people's needs, this put people at the risk of inappropriate care and treatment.

People in Fieldview did not always benefit from positive engagement with project workers. People were supported to access the local community independently, and some people enjoyed doing tasks around the service. People in Westend enjoyed their time with project workers and enjoyed accessing the community independently.

People felt safe living in Fieldview and Westend. People spoke positively about staff and had access to plenty of food and drink. Project workers knew people, their needs, likes and dislikes.

Project workers had access to supervisions and appraisals. Project workers were supported and had access to training and professional development. There were enough project workers with appropriate skills, deployed to meet the needs of people living at both Fieldview and Westend.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. When staff had been recruited to the service, effective checks had not always been carried out to ensure they were of good character. The risks to people's care had not always been documented and project workers did not always have clear guidance to protect people from risk.

People felt safe and staff had a good understanding of safeguarding. Staff ensured people were protected from the risk of financial abuse.

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

People received their medicines as prescribed. People's medicines were managed and stored safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. The service had not documented where people did not have the capacity to make decisions related to their care. Where people were being deprived of their liberty, this was not always authorised.

Project workers received regular supervision or appraisals. Project workers felt supported by the registered manager and had access to the training they needed.

People were supported with their on-going healthcare needs.

People were supported with their dietary and nutritional needs. People's specific needs were met because staff ensured they received appropriate support.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were supported to spend their days as they choose. Project workers respected people.

Project workers knew what people liked and disliked and spoke about people in a kind and a caring manner.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive. People's care plans were not always detailed and did not always reflect their current needs.

People were supported to access the community independently, however people do not always benefit from positive engagement with project workers in Fieldview. People in Westend enjoyed lively conversations with project workers.

People's comments and concerns were listened to and acted upon by the home's management.

**Is the service well-led?**

The service was not always well-led. The registered manager and provider had audits and systems in place which enabled them to identify concerns. However, where concerns were identified, action was not always taken to improve the service. Audits carried out by the registered manager were not always carried out consistently.

The views of people and their relatives were sought however there was not always a record that people's views were acted upon.

**Requires Improvement** 

# Fieldview

## **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 was 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 the 16, 18 and 19 August 2016 and it was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We looked at the Provider Information Return for Fieldview. 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 spoke with five people who were living in Fieldview and two people who were receiving care and support in Westend. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with five project workers, the training manager, quality manager, the registered manager and the registered provider. We reviewed the care files of five people living at Fieldview and four people living at Westend. We looked at project worker's recruitment and training records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People were at risk of being cared for by unsuitable staff because of inconsistencies in the recruitment process. Records relating to the recruitment of staff showed not all relevant checks had been consistently completed before staff worked unsupervised with people. The provider carried out disclosure and barring checks (criminal record checks). However, the provider and registered manager had not consistently taken measures to ensure staff were of good character. Not all staff files we looked at contained employment references from staffs' previous employers. The provider had not always ensured gaps in staff's previous employment had been identified, and staff interviews had not always been recorded.

Recruitment for Fieldview and Westend was carried out by an administrator on behalf of the provider. Whilst the registered manager for Fieldview carried out the interviews, they did not always check staff recruitment records to ensure they were complete and all relevant checks had been completed. We discussed this concern with the provider and registered manager. We were informed that a recruitment checklist was going to be implemented to ensure all relevant checks were completed, and the registered manager would have an overview of this process.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed where the registered manager or project workers had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled project workers to keep people safe. Most people's care plan contained clear information on the support they needed to assist them to be safe. For example, one person could pose a risk to themselves and others within the community. Project workers had clear guidance on how to support this person and had made links with the local community to manage and reduce risks.

However, in Fieldview, people's risk assessments had not always been updated. For example, one person had a risk assessment for smoking during the night and the possible risk of fire. The person had agreed for staff to keep their lighter at night. However an incident raised further concerns but this had not been reflected in their risk assessment. Another person had bed rails on their bed, to stop them falling at night. There was no clear risk assessment regarding the bed rails and any risks this could pose to the individual. Project workers we spoke with told us they knew how to protect people from the risks associated with their care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked weekly by senior project workers. These systems ensured people's medicines were stored

effectively and people received their medicines as prescribed.

Where people received homely remedies (medicines which were not prescribed and were available over the counter, such as hay fever medicines) there was not always a clear record of the support they needed or received. For example, one person had over the counter cold and flu relief medicine. There was no clear record of when this medicine had been used or how often the person should be given their medicine alongside their prescribed medicines and the risks it could pose to the person. We discussed this concern with the registered manager and provider who told us they would take appropriate action to address our concerns.

People were supported to maintain their independence. For example, one person managed their own money. The person liked to go shopping by themselves and was supported to continue meeting this need. They were supported and encouraged to do jobs around the service, such as mowing the lawn. There were financial rewards for completing the job, and the person spoke positively about the support they received. They said, "I like to do things, and then I like to get myself something."

People told us they felt safe and comfortable in both Fieldview and Westend. Comments included: "I'm safe here, I never want to leave"; "It's as safe as anywhere, I'm alright"; "I'm safe and comfortable"; "It's nice and quiet here, I'm safe" and "I've been here a while, it's safe".

People were protected from the risk of abuse. Project workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Project workers told us they would document concerns and report them to the registered manager, or the provider. One project worker said, "I would go straight to the manager." Another project worker added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "We can contact CQC, we can contact the crisis team for some people." Project workers told us they had received safeguarding training and were aware of reporting safeguarding concerns.

People told us there were enough staff to meet their needs at both Fieldview. People confirmed there were always project workers around if they needed support. One person said, "I've settled in well, they have time for me." Another person told us, "The staff are okay here, there is always someone around if I need." People living in Westend told us they received their care and support when they needed it. Comments included: "The staff do a lot for me, no concerns" and "The staff are nice, always here when I need them." Project workers confirmed there was always enough staff to meet people's needs at both Fieldview and Westend. Project workers often worked in Fieldview, Westend and another home owned by the provider. Comments included: "There is enough staff in place"; "There are enough staff, experience is something we're working on"; "There is enough staff, it has been a bit rocky. It's good at the moment" and "Definitely have the staff to meet people's needs."

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by project workers. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses, including an accurate record of their expenses and income. Project workers ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.



## Is the service effective?

### Our findings

We last inspected the service on the 24 and 25 July 2015. At this inspection we found the provider was not always acting in accordance with the requirements of the Mental Capacity Act 2005 and the associated code of practice. The service had not always recorded where people could or couldn't consent to their care. At our inspection in August 2016 we found that appropriate action had not been taken by the provider and registered manager to meet the relevant regulations.

Appropriate measures were not always in place where people were being deprived of their liberty in accordance with the Deprivation of Liberty Safeguards (DoLS). 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. One person had moved to Fieldview as their mental health needs had deteriorated. Staff told us this person was not initially allowed out unsupervised, and then was not allowed to leave with their bank card. One Project Worker told us, "They're not allowed in the community by themselves" and then explained they would bring the person back if they saw them leaving the service. On the first day of our inspection we were informed the person had left the service with their bank card without the support of a project worker. The person returned to Fieldview the following evening. We asked the registered manager if they had applied to DoLS or if mental capacity assessments had been completed. There were not assessments in place, or documented consent to care for the person. The provider told us they had asked the registered manager to complete an emergency DoLS application for the person.

People living at both Fieldview and Westend were living with a range of health conditions and a number had varying mental capacity to make specific decisions. Their capacity to consent and make decisions was not being assessed and documented appropriately. There were no mental capacity assessments for people's ability to consent to care or around specific decisions in relation to their care. For example, One person's care plan stated they had variable capacity and needed support with bigger life decisions. There was no record of the decisions they could make and the support they needed to make significant decisions.

Another person had been deemed by a healthcare professional to not have capacity in relation to their personal hygiene needs. The person's consent to care had been recorded as unwilling to sign. Another person had chosen to have bed rails in place and wanted to have their room locked at night by staff. There was no record of their consent to bed rails, their door being locked or to their care. We discussed our concerns with the provider and registered manager. They informed us they were taking immediate action to address these concerns.

The service could not always ensure people had been supported lawfully. These issues were a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Project Workers had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice. Comments included: "I always offer choice, absolutely"; "One person doesn't have capacity to make decisions around their finance and medicines. However they can make day to day decisions, like what they want to eat, if they want to go to the shops" and "We always offer choice, we

can't restrict people of their choices without permission."

Project workers supported one person who was being deprived of their liberty, which had been approved. Healthcare professionals and project workers had worked together to ensure the person had access to effective care and treatment. For example, a detailed care plan was in place to ensure the person's day to day care needs were being met. One project worker told us, "We don't give too much choice, as it doesn't work. We do a lot of prompting. We always try and encourage."

People were positive about project workers and felt they were skilled to meet their needs. Comments included: "The staff are nice", "The staff know what to do" and "They are all very good."

People were supported by project workers who had access to supervision (one to one meeting) or appraisals with their line manager. Project workers told us supervisions were carried out frequently and were useful. Comments included: "I have enough support. We can use supervisions to request training and support" and "I get supervision every month. I have support."

People's needs were met by project workers who had access to the training they needed. Project workers told us about the training they received. Comments included: "Everyone at Westend is training"; "I get all the training and support I need." and "I had enough training at induction to make me feel comfortable. I can't fault the training." Project workers had completed training which included safeguarding, fire safety and moving & handling.

Where people's needs had changed or new people moved into the home, project workers were supported and trained to meet their needs. For example, one project worker told us how the provider was ensuring they and other project workers had the skills they needed to meet one person's changing healthcare needs. A senior project worker had requested training for all staff to ensure they could continue to meet this person's needs. Training had been booked and the project worker was looking forward to the training.

Project workers told us they had been supported by the registered manager and provider to develop professionally. They explained they had been supported to complete a qualification in health and social care and encouraged to undertake further qualifications. One project worker told us, "They support us to access the care certificate and then national vocational qualifications (in health and social care)."

People spoke positively about the food and drink they received at Fieldview. Comments included: "Get plenty to eat and drink"; "I get my own lunch from town, I enjoy it" and "I get lots of food. I have what I like to eat and drink." At Westend people were supported to provide their own meals, however enjoyed sharing meals with other people. One person told us, "There is always plenty to eat and drink in the house, and we go out."

People's dietary needs and preferences were documented and known by project workers. Project workers knew what food people liked and which foods people needed to meet their nutritional needs. For example, project workers recorded the daily food intake of one person who was at high risk of self-neglect. Project workers told us how they supported and prompted this person with their dietary needs.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists and dentists. Where guidance had been sought from healthcare professionals this was clearly recorded on people's care records. For example one person was living under a community treatment order. Project workers liaised with the person's GP when the person

refused their prescribed medicines to ensure the person was receiving the right level of support.

# Is the service caring?

## Our findings

People had positive views on the caring nature of the service they received in both Fieldview and Westend. Comments included: "The staff are nice"; "We're a nice crew. I like all the staff" and "I'm looked after the staff do a lot for me."

People enjoyed positive relationships with project workers and the registered manager. The atmosphere was calm in Fieldview. We observed people and project workers in Westend enjoyed talking with each other. Project workers engaged with people in both Fieldview and Westend in a respectful manner. We observed warm and friendly interactions. People were informed about the purpose of our visit by project workers who asked them if they would like to talk to us. Project workers encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person wanted to go out into the community, which staff encouraged. Another person was offered a choice of lunch, which they refused. The project worker ensured the person had the food in front of them to enable them to make an informed choice.

People engaged with project workers and were comfortable in their presence and enjoyed friendly and humorous discussions. For example, project workers talked with people about current events, politics and royalty. People enjoyed talking and treated each other as equals. The project worker supported and encouraged people to speak to the inspector to make their views on the care they received known.

There was a calm, pleasant and homely atmosphere in both Fieldview and Westend during our inspection. Project workers were not rushed and had time to assist people in a calm and dignified way. They had time to spend talking and engaging with people throughout the day. For example, three people enjoyed an engaging conversation about current events and politics.

People were cared for by project workers who were attentive to their needs and wishes. For example, project workers knew what was important to people and supported them with their day to day needs and goals. One person had recently been feeling unwell. Project workers were providing more support to this person and assisting them to seek appropriate healthcare support. Project workers ensured the person was comfortable, providing them with drinks and ensuring they were happy. The person told us, "They look after me when I am unwell."

Project workers were supported to spend time with people and they spoke positively about this. Project workers working at both Fieldview and Westend spoke positively about developing strong caring relationships with people to help promote their independence and well-being. Comments included: "We know people and the things they like. We're trying to support people to do the things they like. Plan events for people, concerts or going to fringe festivals" and "We take time for people. We support people to go out. I always wish there was more time."

Project workers clearly knew the people they cared for, including their likes and dislikes. They spoke confidently about people. For example, one project worker talked about people and the activities they

enjoyed. They told us, "One person's needs have changed. We've known them for a long time, what they like, and their friendships. We encourage this person to maintain their relationships. They like to go for a drink with another resident."

People were treated with dignity and respect. We observed Project workers assisting people throughout our inspection of Fieldview and Westend. Project workers respected people's personal rooms, knocking on their doors and asking if they could come in. Where they supported people they told us they ensured people's dignity was respected and that people were kept comfortable. One person said, "Always treated with dignity."

## Is the service responsive?

### Our findings

At our last inspection in July 2015, we found that people's needs and the support they received were not always accurately recorded. Where people's needs had changed, their care records did not reflect this. This concern was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action regarding this concern. The provider gave us an action plan which stated they would meet the relevant regulation. At this inspection we found that while some improvements had been made, people's records were not always current and reflective of their needs.

People's care plans did not always reflect changes in their needs. For example, one person was living under a community treatment order (a legal order made by the Mental Health Review. It sets out the terms under which a person must accept their treatment while living in the community). This person's order stated they were not allowed to leave Fieldview unsupervised. However, correspondence from healthcare professionals indicated this person could now access the community independently. We discussed this concern with the registered manager who informed us the person was allowed to leave Fieldview under their order, however this was not clearly recorded.

Another person's care records specifically raised risks about their care needs. However these concerns were not reflected in their care plans and risk assessments. There was no clear guidance documented for project workers to follow to support this person and protect themselves, other people and project workers from risk.

In Fieldview, people's care plans were not always reviewed. For example one person's care plans and risk assessments had not been reviewed since April 2016 and did not reflect changes in the person's needs. Another person's care plan had not been reviewed in full since June 2016. There was a risk that people's care needs may have changed but without a review these changes may not be documented.

Care staff did not always keep a record of the support they had provided people within the home. For example, people's daily records had not always been maintained or updated on the provider's electronic care plan system. There were sometimes gaps in the recording of the support people received from project workers or any concerns in their care.

People's care records were not always current or reflective of their needs. Staff had not consistently recorded the support they provided people. These issues were a continuation from our July 2015 inspection. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to access the community and live as independently as possible with the support of project workers. On both of the days we inspected, some people from Fieldview and Westend enjoyed accessing the local town independently or enjoyed their time spent with other people. One person spoke positively about living near Stonehouse and enjoyed buying their own lunch and accessing local services. Project workers told us how they used people's likes and dislikes to help them plan and attended activities.

For example, one project worker told us how they had supported one person to go swimming, however on the day of the event, the person didn't wish to attend. Another project worker told us how they were planning to support one person to attend a musical event or go to the coast, as this is something they liked to do.

However, people were not always engaged in a meaningful way by project workers. Where newly employed project workers were working in Fieldview, they did not always engage people in a meaningful way for example engage them in conversation or with activities such as cooking. We discussed this with the registered manager and provider who told us they were aware of this as it often relied on new project workers taking time and building strong positive relationships with people living at Fieldview.

In both Fieldview and Westend, people were encouraged to do jobs, like cleaning their room and were clearly involved in the process. One person was being supported with cleaning their room on the day of our inspection. They did this in private with the support of the project worker.

People knew the process if they wished to complain about the service. One person told us, "I'd speak to (name of the registered manager)." Where complaints had been received about the service in Fieldview or Westend, the provider had acted immediately. For example, a complaint had been made about a missed call which had an impact on one person receiving a service from Westend. This concern was investigated by the provider and a clear apology was sent to the complainant which set out the action the service was planning to take. The complainant confirmed they were happy with the response they received.

## Is the service well-led?

### Our findings

When we last inspected the service in July 2015 we found the provider and registered managers did not have effective systems to monitor the quality of the service. The views of people, their relatives and staff were not always acted upon. This concern was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which details the actions they were taking. At this inspection we identified that appropriate action had not been taken.

At the time of this inspection there was a registered manager for Fieldview, however there was no registered manager in place for Westend and the services they provided in the community. The previous manager for this service left in June 2016. A senior project worker was managing Westend day to day prior to a restructure of the provider's management team.

There were not always effective systems in place to identify issues and improve the quality of service people received. A representative from the provider had carried out an audit of care plans of people living in Fieldview in July 2016. This audit had identified issues, which were also identified at this inspection, around people's care plans not being reviewed, current or accurate. It also identified that there were not mental capacity assessments on people's care records. This audit was shared with the registered manager of Fieldview, however there was no action plan from the audit, and action had not been taken to address these concerns. We discussed this with the registered manager and provider. The provider said they had not been informed of this audit.

Where audits were being carried out by the registered manager at Fieldview, they were not always carried out consistently and did not always enable the registered manager to improve the service. For example, environmental audits identified concerns around one fire extinguisher in April 2016, The fire extinguisher had been taken to the registered manager's office for repair or replacement. At our inspection, we found the fire extinguisher had not been replaced or repaired. Where audits had identified concerns, such as in medicine audits, there was not always a record of the actions needed or taken to address these concerns.

Audits had not always been consistently carried out at Westend. There were no current record of audits to monitor, assess and improve the quality of care people received. We discussed this with a quality lead who was employed by the provider. They informed us they had not done any audits in relation to Westend. This meant there were limited systems in place to ensure the quality of the service.

Incident and accidents which people suffered were not always accurately recorded. For example, four incidents for one person had been recorded as the same time and date. This meant it would be difficult for the registered manager to identify any accurate trends or concerns with regards to incidents and accidents within the service, and take appropriate action to ensure the risk to people was reduced. We asked if the registered manager audited incident and accident forms for Fieldview and were told they did not. There were also no audits of incident and accidents at Westend.

People's views were sought at both Fieldview and Westend, however there was not always a record of



actions taken by the registered manager or provider to act on their concerns or suggestions. For example, in Westend people raised suggestions around lighting in communal areas. In Fieldview people raised suggestions around activities and food. In both situations there was no clear record of the action taken to address people's concerns.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These concerns were a continuation of the breach we identified at our inspection in March 2016.

People spoke positively about the registered manager and provider. Comments included: "They listen to me"; "I know I can go to them. They come when I ask" and "I like them." We observed the registered manager talk with people and treat them like equals. One person clearly appreciated and enjoyed the time they spent with the registered manager talking about their days.

Project workers were complimentary about the registered manager and provider. Comments included: "I'm quite lucky. Very supportive"; "You can always get support and get things resolved quickly, there is always a manager to go to" and "We can raise ideas and have the information we need on a day to day basis."

The registered manager at Fieldview and senior staff at Westend carried out monthly staff meetings. These meetings ensured project workers had the information they needed on changes in the service and supported them to be involved in changes within the services. Recent meeting minutes discussed changes in staffing, people's medicines and changes within the services. Project workers felt able to suggest ideas and improvements regarding both services. One project worker told us, "We learn off each idea. We discuss ideas and the manager is open to suggestions."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	Recorded recruitment procedures were not always complete to ensure persons employed were of good character. 19 (1)(a)(3)(a).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Personal care	People's capacity to consent to their care was not always recorded. Where people were being deprived of their liberties this had not always been authorised. Regulation 11 (1)(2)(3).

### The enforcement action we took:

We have issued a warning notice to the registered manager and the registered provider they must make improvements by 30 September 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems established to ensure compliance were not always operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not maintain accurate, complete and contemporaneous record in respect of each service user Regulation 17 (1)(2)(a)(b)(c)(e)(f).

### The enforcement action we took:

We have issued a warning notice to the registered manager and the registered provider they must make improvements by 30 November 2016.