

Voyage 1 Limited

Greenfields Lodge

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 

Overall summary

We inspected Greenfields Lodge on 6 May 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Greenfields Lodge is a bungalow located on the outskirts of Hartlepool and provides respite services for up to seven adults who have a learning disability and / or physical disability. All rooms are for single occupancy and have en suite facilities which consist of a sink and toilet.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on annual leave at the time of the inspection. After the annual leave they were taking some planned additional leave. In the interim, an acting manager has been appointed who will apply to the Care quality Commission to be registered.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed that the registered manager had worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met.

Staff had received receiving training and demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). However some people who used the service lacked capacity and were not free to leave the service without support and supervision but applications for DoLS authorisations had not been submitted.

When we looked at people's care records we saw no evidence that the principles of the MCA had been incorporated into the service's care planning arrangements. For example, there was no information in one person's care plans about their capacity or best interest decisions or how their care was to be managed in the least restrictive way possible. Staff told us that this person was unsafe to go out independently, but the records contained no information or assessment around the person's mental capacity or if the restrictions had been decided in accordance with best interest decision making guidelines. This meant there was a risk of people's legal rights relating to capacity, consent and decision making not being protected. We discussed this with the acting manager and senior support worker during our visit.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted.

As the service only provided respite care they were not generally responsible for supporting people with access to healthcare. On occasions if someone was unwell during their stay, they may take them to see their GP, however this was very rare. Family members were responsible for taking people to hospital appointments.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wished to be supported. We saw that risks identified with care and support had generally been included within the care and support plans. However some risks had been missed. For example some people needed supervision and support whilst in the kitchen area when preparing food and drink. Staff told us about how they kept people safe whilst in the kitchen by assisting with the kettle and knives; however this was not detailed within the support plan.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

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

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 safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing.

There were safe systems for managing medicines.

Care plans generally incorporated risks associated with people's care and support. However some risks were not documented. This meant there was a risk that some people might not be kept safe.

Good



Is the service effective?

The service was effective but improvement was required.

People were involved in decision making and staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. However, these issues were not adequately reflected in the written assessments and plans of people's care. DoLS authorisations had not been obtained, where people lacked capacity. This meant there was a risk of people's legal rights relating to capacity, consent and decision making not being protected.

People were provided with a choice of nutritious food.

The service was not responsible for supporting people with access to healthcare. However if they were ill during their stay then their GP would be contacted.

Requires improvement



Is the service caring?

The service was caring.

People and relatives told us that staff were caring and treated them well, respecting their privacy and encouraging their independence.

People and relatives told us they were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

Good



Summary of findings

People were involved in a range of activities and outings. We saw people were encouraged and supported to take part in activities and access the local community.

People and relatives told us that staff were approachable and that they felt comfortable in talking to staff if they were concerned or had a complaint.

Is the service well-led?

The service was well led.

Staff were supported by management and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People who used the service, relatives and staff had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Greenfields Lodge

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.

We inspected Greenfields Lodge on 6 May 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process.

The provider was not asked to complete 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.

At the time of our inspection visit there were four people who used the service. We spent time talking with three

people. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and bedrooms. After the inspection we spoke with the relatives of two people who used the service.

During the visit, we also spoke with the acting manager, deputy manager, senior support worker and a support worker.

We also contacted the local authority to seek their views on the service provided. They did not report any concerns.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, “I like it here the staff make me feel safe.” A relative we spoke with said, “It’s a big thing to build up trust and I totally trust them.”

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to three people who used the service. The acting manager and staff told us that they assessed risks for each person prior to the writing of a support plan and afterwards and on a regular basis there after They told us initially a person would be assessed as medium or high risk and that the aim of the care plan was to detail measures to reduce the risk. The service did not have any formal risk assessments. The acting manager told us that all measures to keep people safe were detailed within individual support plans. For example the mobility support plan for one person detailed that they needed a chest harness to be left in place whilst in their wheelchair to ensure their safety. Another support plan informed of the need to apply padding to bedroom to prevent injuries. We saw that some risks identified had not been incorporated into support plans. For example some people needed supervision and support whilst in the kitchen area when preparing food and drink. Staff told us about how they kept people safe whilst in the kitchen by assisting with the kettle and knives which helped to reduce the risk; however this was not detailed within the support plan. The acting manager said that all risks and support plans for people who used the service would be assessed as a matter of urgency.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The acting manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. During the last 12 months there has been four safeguarding concerns raised in which appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence.

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said, “We’ve been spoken to about whistleblowing. We’ve been told not to be afraid to report anything we are concerned about. I know that all of the staff team would speak out.”

The acting manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm and hoists. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in March 2015.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The acting manager said that they carried out a monthly check of accident and incident forms to ensure that all accidents and incidents had been reported and that appropriate actions had been taken. Due to the current client group and scale of the home, accidents and incidents were not common occurrences.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make

Is the service safe?

safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. The service had a very stable staff team with the permanent staff having been in post for a long time.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were 20 people who used the service at different times during the month. The service could accommodate up to seven people at any one time. On a morning there would be a minimum of two to four staff on duty. This reduced to two staff during the day as most people attended day services. On night duty there was two staff on duty one who stayed awake and one who went to bed and slept at 10pm, however, could be called upon if needed.

There were appropriate arrangements in place for the management of medicines. People brought their medicines from home in their original packaging. Staff checked and counted the medicines to make sure they were correct and that there was enough for their planned stay.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Those staff responsible for the administration of medicines had been trained.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We looked to see if appropriate arrangements were in place to ensure that people's legal rights were protected by proper implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA protects people who lack capacity to make a decision for themselves, because of permanent or temporary problems such as mental illness, impairment of the brain or a learning disability. If a person lacks the capacity to make a decision for themselves, best interest's guidelines should be followed. The DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. These safeguards are designed to protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed and is lawful. We asked the acting manager if any person who used the service was being deprived of their liberty and subject to the DoLS. The acting manager said that some people who used the service did lack capacity and were not free to leave the service without supervision and support; however applications for DoLS authorisations had not been submitted. The acting manager told us that they had picked this up in a recent audit and that applications would be made as a matter of priority.

When we looked at people's care records we saw no evidence that the principles of the MCA had been incorporated into the service's care planning arrangements, as recommended by the Social Care Institute of Excellence's report into The Mental Capacity Act (MCA) and care planning. For example, there was no information in one person's care plans about their capacity or best interest decisions or how their care was to be managed in the least restrictive way possible. Staff told us that this person was unsafe to go out independently, but the records contained no information or assessment around the person's mental capacity or if the restrictions had been decided in accordance with best interest decision making guidelines. This meant there was a risk of people's legal rights relating to capacity, consent and decision making not being protected. We discussed with the acting manager and senior support worker during our visit.

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

People we spoke with during the inspection told us that staff provided good quality care and support. They said, "I like coming here." A relative we spoke with said, "I think they are brilliant. They know her very well."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training which included: safeguarding adults, epilepsy, fire safety, first aid, equality and diversity, food safety, infection control, manual handling, medication administration nutrition awareness and MAPA which is Management of actual or Potential Aggression. MAPA training enables staff to disengage from situations that present risks to themselves, the person who uses the service and others. Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. The acting manager told us that induction packages had been reviewed to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff told us that menus and food choices were discussed with people who used the service on a daily basis. We saw that there were pictorial menus to help people to make decisions in relation to food they would like. We saw that people were provided with a varied selection of meals. People who used the service, who were able, helped with the preparing and cooking of meals. The acting manager told us that staff and people who used the service go shopping for food on a weekly basis. People we spoke with confirmed this to be the case. Two people who used the service at the time of the inspection had been shopping with staff the night before the inspection. One person told us they had been responsible for reading out the list of food needed. The other person who had limited

Is the service effective?

communication laughed as they gestured how full the shopping trolley was. They told us they liked going shopping particularly as they had stopped at McDonalds on the way back for a toffee sundae.

People told us that they liked the food. One person said, "I like most things." The care and support plan for one person told us how this person liked to visually see the food choices set out on the kitchen counter top to help them make a choice on what they would like to eat. On the day of the inspection we saw that staff took this person to the kitchen so that they could choose what they wanted for dinner.

We observed the lunchtime of people who used the service. We saw that people went into the kitchen area to

choose what they wanted to eat. We saw that people had chosen a buffet lunch of sandwiches, sausage roll, pie and crisps as they were having their main meal at tea time. We saw that staff and people sat down and had their lunch together. Lunch time was relaxed, people who used the service and staff chatted and laughed as they ate their lunch.

The acting manager and staff told us that as they provided only respite care they were not generally responsible for supporting people with access to healthcare. They told us that on occasions if someone was unwell during their stay they may take them to see their GP, however this was very rare. Family members were responsible for taking people to hospital appointments.

Is the service caring?

Our findings

People who used the service told us that they were very happy with the care, service and support provided. One person said, "They (staff) are lovely." A relative we spoke with said, "They are a very caring bunch of people."

During the inspection we sat in the lounge / dining room so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. We spoke with the senior support worker who told us they were also the dignity champion. A dignity champion is someone who believes that people should be treated with dignity. They believe that the care service must be compassionate, caring and person centred and will put measures in place to achieve this. They told us how during supervision and at staff meetings they re-iterated the importance of dignity to all staff. For example making sure people don't have food around their mouth when eating. They told us how they planned to do role play at the next meeting. They intend to have staff feed each other cold food (which should be warm) and have staff left with food around their mouth to see what it feels like. The senior support worker said, "The staff are here because they genuinely care. I watch the staff on a daily basis and they all go the extra mile." This meant that the service was committed to ensuring that people's dignity was maintained.

Staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff told us about the importance of maintaining the independence of people who used the service. They told us how they encouraged one person who had early onset dementia to go to the dining room to help prepare their meals in order to maintain their skills. They told us that this gave the person a sense of achievement.

Staff told us how they respected people as individuals and decisions they made. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

People told us that they could make decisions about what they wanted to do. On the day of the inspection people had been given the choice of to go out or to do some baking, people chose to stay in and do some baking. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that staff were affectionate and caring in the way that they supported people. We saw that staff provided people with reassuring touches whilst ensuring boundaries were maintained.

The relative of one person who used the service described the staff as "Brilliant." They told us how each and every staff member had different caring touches. They said, "If X (person who used the service) wants a neck massage then she goes to X (the registered manager). If X wants a tickle then she goes to someone else." This person also said, "If she wants a cuddle they always give her a squeeze." This relative spoke of person centred care. They said, "It's all about her. Instead of X (person who used the service) adapting to them they adapt to X. The most important thing is knowing her and they really do."

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The acting manager was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I like to come here. Sometimes I bring my sewing." They went on to say, "Today I have brought my book and colouring pens."

Staff and people who used the service told us that they went bowling, to the cinema, out for meals, to the pub and shopping. The service had a sensory room. The acting manager told us that this room was well used by people who used the service.

The acting manager told us that prior to using the service; people would often come for a number of visits. This helped staff to get to know the person and their individual needs and helped the person to become familiar with the service. The acting manager told us that respite care was booked and planned for up to 12 months in advance. They showed us a 'stay plan' for 2015 which detailed when people had booked their respite. The acting manager told us that the service was flexible and responsive to need. They told us that although respite was booked this could be changed. We saw that the stay plan had flexibility within it to make such changes. The relative of one person told us that they liked the stay plan and that the person who used the service had set days. They told us how important it was the service being able to accommodate them on set days as the person did not like change. This meant that the service was responsive to need.

During our visit we reviewed the care records of three people who used the service. People had an assessment, which highlighted their needs. Following assessment, person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care

and support and developing the person centred plans. However we did note that one person suffered with migraines and did not have a support plan in place for this. The acting manager said that a support plan would be developed in respect of this.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service. For example one person was coming for respite on the tea time of the inspection. This person did not always like to mix with other people. We saw that staff set up a table in a separate dining area with paper and colouring pens for when they arrived. A relative we spoke with confirmed that staff were extremely responsive to needs they said, "It's all on her (person who used the service) terms."

People who used the service and relatives told us if they were unhappy they would complain to staff. People and relatives told us that staff were approachable and listened to them. We saw this on the day of the inspection when one person who used the service expressed dissatisfaction when staff failed to put sugar in their tea. This was quickly resolved.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The acting manager showed us an easy read complaints procedure, but said that many people who used the service would not be able to understand this. The acting manager said that because of this they spoke to people regularly to make sure they were happy. A relative we spoke with said, "I've got a letter telling me how to complain. It has an e-mail address and phone number to contact them with any issues. I have never had any concerns."

Discussion with the acting manager during the inspection confirmed that any concerns or complaints were taken seriously. We looked at the service's record of complaints, there had been two complaints made in the last 12 months. We saw that complaints were investigated and responded to promptly and appropriately.

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The registered manager was on holiday at the time of the inspection. After the annual leave they were taking some planned leave. The provider had prepared for this and appointed an acting manager to take over the day to day management of the service until the registered manager returned. The acting manager told us that they were to register with the Care Quality Commission in the interim. The acting manager was also responsible for the management of another small service nearby. They told us how they spent two and a half days at each service during the week.

People who used the service knew who the registered manager was. One person said, "She's nice I like her." A staff member we spoke with said, "This home is very organised. Staff are happy. Guests are very happy and don't want to go home. If guests are happy as well as the staff we must be doing something right."

The acting manager had worked for the provider for a number of years at other services and had also worked at Greenfields Lodge. Comments made about the acting manager included, "I have worked with X (acting manager) when I was a support worker. We couldn't have wished for a better person to come in and manage. She is firm, fair and thorough and that is what I like. She is also very organised."

Staff and people who used the service told us that they felt supported. Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Observations of interactions between the acting manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The acting manager was able to show us numerous audits and checks which were carried out on a weekly and monthly basis to ensure that the service was run in the best interest of people. These included weekly health and safety audits which contained checks of the environment, kitchen and medicines. There were also monthly checks on records and staff training. We also saw that quarterly audits were carried out based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and they were encouraged to share their views. We saw records of the last meeting on 7 April 2015 in which there had been discussion about policies and procedures, housekeeping, mental capacity, complaints health and safety, food and dignity.

We saw records to confirm that meetings for people who used the service were held in January and March 2015. Records confirmed that people were encouraged to share their views and opinions. We saw that discussion had taken place about bedrooms, menus, activities and decoration. The acting manager told us that they had a meeting booked for 11 May 2015 for guests, relatives and social workers to introduce herself.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People who used the service and others were not protected against the risks of obtaining or acting in accordance with consent. The registered person was not acting in accordance with the Mental Capacity Act 2005.</p>