Oakfield (Easton Maudit) Limited

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Inspection report

Easton Maudit
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Oakfield (Easton Maudit) Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate 18 adults with autism and/or learning disabilities, dementia, mental health and physical and sensory difficulties; at the time of our inspection, there were 15 people living in there. The service provided was not initially developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection in May 2017, this service was rated overall as requires improvement. At this inspection, the service remains rated as requires improvement.

The inspection took place on the 8 and 9 May 2018; the first day was unannounced and we carried out an announced visit on the second day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The systems in place to monitor the quality of care and effectiveness of the service had not been sufficiently embedded for us to fully assess their effectiveness. Although the provider had identified shortfalls in their monitoring processes, there had been a delay in establishing effective processes.

People could not be assured that they were always cared for safely as there were not always risk assessments in place to mitigate any identified risk. Infection control processes needed to be strengthened.

There was not always sufficient staff with the right skills deployed to meet everyone's needs. People's access to activities outside of the home could be limited at times.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and/or their day-to-day routines. However, there had been a failure to recognise that applications for authorisation under the Deprivation of Liberty Safeguards needed to be made to ensure that people were being supported in line with the principles of the Mental Capacity Act.

People received care from staff that knew them and were kind, compassionate and respectful. The staff were friendly, caring and passionate about the care and support they delivered. People had formed positive therapeutic relationships with staff and were treated as individuals.

Care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices, however these needed improving to ensure all the information about people's life history was included. End of life wishes were discussed and plans put in place.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

Staff were appropriately recruited. People received their prescribed medicines safely. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care. There was a variety of activities available for people to participate in if they wished to and family and friends were welcomed to take part in events at the home.

Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged.

The service had a positive ethos and an open culture. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

At this inspection, we found the service to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end 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?

Requires Improvement

The service was not always safe.

Risk assessments had not always been undertaken to mitigate any identified risks to people and information about interventions/actions needed following any incidents had not always been recorded.

There was not always sufficient staff with the right skills deployed to provide the care and support people needed.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

Is the service effective?

Requires Improvement

The service was not always effective.

The service had not fully complied with principles of the Mental Capacity Act and applications for authorisation under the Deprivation of Liberty Safeguards had not been made in a timely way.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Requires Improvement

The service was not always caring.

Care plans provided basic information and needed to be developed to provide more detailed information to enable staff to provide consistent care.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed before they came to stay at the home but there were inconsistencies in the level of information captured to ensure that staff had all the information they needed to support people.

People were encouraged to maintain their interests and take part in activities.

People were confident that they could raise a concern about their care and there was information provided on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led

There had been a delay in establishing effective systems to monitor the quality of care and there were gaps in the information gathered which meant shortfalls had not always been identified.

People were encouraged and enabled to give their feedback.

Oakfield (Easton Maudit) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 May 2018; the first day was unannounced and we carried out an announced visit on the second day. It was undertaken by one inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, our expert-by-experience had cared for a relative.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in March 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We contacted the local authorities, which have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During our inspection, we spent time observing people to help us understand the experience of people who could not talk with us. We spoke with seven people who used the service, 14 members of staff, which included three senior care assistants, five care assistants, two housekeepers, the cook, the maintenance person, a community staff member, the human resources and training manager and the registered manager

plus the provider. We also spoke with one person's relative, a carer of a person and a social care professional who were visiting at the time of the inspection.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in May 2017 'safe' was rated as requires improvement because the recruitment processes needed strengthening and staffing levels needed to be reviewed to ensure that people accessed the activities they had planned. We saw that at this inspection, although improvements had been made and sustained in relation to staff recruitment, staffing levels remained an issue at times; we also found other areas where the service had deteriorated.

People could not always be assured that they were being cared for safely. Assessments of risk had not always been undertaken. We found that following a recent admission to the home, there was no risk assessments put in place. This was a concern because the person had displayed behaviour, which had put themselves and others' at risk. Following the inspection the registered manager and provider ensured risk assessments were put in place.

Accidents and Incidents were recorded but not all the information about what actions or interventions were needed was kept. We saw that following several incidents with an individual there was no record as to the interventions and actions taken which would help the staff should a similar incident occur. We discussed this with the registered manager and provider who assured us that this would be addressed.

The registered manager and provider needed to ensure that detailed risk assessments were in place for each person to ensure all risks were identified and measures detailed to mitigate any risk.

There was sufficient staff to meet people's basic care needs. However, in conversations with staff they told us that there was not always sufficient staff, nor the right skill set of staff deployed to ensure that people could fully access the activities that they wanted to do. We observed during the inspection there were a number of people who did not take part in any meaningful activities and that staff were stretched to meet people's needs. One person who had returned from hospital the night before was left for over 20 minutes in a communal area without any staff in attendance; the person complained of being in pain and required attention from staff. When the staff did appear they suggested they may need to contact the GP as the medicines the person had been given may not agree with them, no further action was taken at this point. The person remained in the lounge area.

We were aware from the information that the provider had given us prior to the inspection that they continued to review the level of staffing and had taken steps to address this through training support staff to enable them to offer more support when needed. However, this was an area, which continued to require improvement. The provider needed to ensure that staff, with the right skills were deployed in sufficient numbers to fully meet people's assessed needs.

People were not always fully protected by the prevention and control of infection. We saw that overall, the home was clean and tidy, and that regular cleaning took place. People were encouraged to keep their own rooms clean and tidy. However, we were made aware that staff and people had regularly accessed the kitchen area without taking the appropriate precautions such as washing their hands properly or wearing

protective clothing. There was also a new kitchen area with a washing machine which people could use themselves; however, there was very limited space to ensure any dirty clothes were kept away from any food preparation area. The provider needed to ensure that any dirty clothes were not left on work services and were kept in an appropriate place prior to washing.

The provider was in the process of addressing the issues around the kitchen. A new cook had been appointed who had begun to put measures in place to ensure the kitchen was kept clean and free from any potential cross infections. We saw that a deep clean of the kitchen had been organised and that the cook had new cleaning schedules in place. The provider was proactively assisting with any support the cook required. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection but they needed to ensure they consistently followed the guidance and instruction given.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. However, the provider needed to ensure that all staff were fully aware of what actions they needed to take in the event of a fire. Some staff were unsure as to where they would head to if the fire alarm was sounded.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home. We looked at the recruitment files for three staff. They contained the necessary employment checks, for example, Disclosure and Barring Service (DBS) checks, employment histories, references and up to date photographic identification.

People looked relaxed and comfortable in the presence of the staff. People told us they felt safe in the home. One person said, "I feel safe because I have hot water, eat well and the staff look after us."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and procedure. The registered manager had contacted the local safeguarding team when any concerns had been raised and notified CQC as required.

There had been two safeguarding investigations undertaken by the registered manager in the last 12 months. In both situations, the registered manager had taken the appropriate action and measures had been put in place to reduce the chance of reoccurrence. Any lessons learnt were recorded and shared with staff, for example, a medication error had led to a change in procedure and we saw that there was a robust system now in place.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at regular times and we observed people being given their medicines. Staff explained what the person was taking and ensured they had sufficient fluid to take them with; they stayed with the person and ensured that they had taken their medicines. Staff received training and their competencies were tested each year.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection in May 2017 'effective' was rated as requires improvement because staff training was not always up to date, specifically in relation to safeguarding, medicine competency and The Mental Capacity Act. At this inspection 'effective' remained requires improvement. Although we found that training was, now up to date we found in other areas the service had deteriorated.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. However, they had failed to seek authorisation from the local authorities who placed people who may lack the mental capacity to make decisions about their care and treatment. Some people were under constant supervision and were unable to access the community without support from staff. We saw that out of a potential of 18 people who may require a DoLS authorisation only one application had been made which had been authorised and was due for renewal.

Following the inspection, we have been advised that six applications have been made for people who had restrictions made on their freedom and the service was now waiting for a formal assessment by the appropriate professionals. It was not clear why applications had not been submitted before.

These concerns constitute a breach of regulation 11: Need for consent (1) (2) (3) of the HSCA 2008 (Regulated Activities) Regulations 2014.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people freely moving around the home and spending time in different communal areas, in their bedrooms and outside in the garden.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. However, there was inconsistency in the level of detailed information captured. We saw gaps in information about people's life history, their level of dependency and mental capacity. In one case, there was a detailed care plan about how to manage a person's behaviour but no risk assessment to enable the staff to manage risks effectively. There was limited or no information about people's life history, which meant staff did not always have the information available to support people

effectively. This was an area, which needed improving. The registered manager and provider needed to ensure that records were detailed with all the relevant information for staff to deliver safe and effective care and support.

Staff had supervision but there was some inconsistency around the level of frequency of supervision meetings. No staff, who had been employed for over 12 months had had an annual appraisal. The provider was currently looking at how best to deliver annual appraisals.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice. Following the last inspection the provider had ensured staff training was up to date. Specialist training had been undertaken, for example, Non- Abusive Psychological and Physical Intervention training (NAPPI), which equipped the staff with the knowledge and skills to support people in a positive way without the need for force to keep them safe if their behaviours became challenging. However, there was a need to develop the training programme further to help the staff understand and be more equipped when supporting people with autism.

All new staff undertook an induction programme and worked alongside more experienced staff before they were allowed to work independently. One staff member said, "I was able to shadow for a month until I had the confidence." New staff had to complete a four month probationary period and had to complete training in areas such as epilepsy, mental capacity, medicines, health and safety and infection control. All mandatory training was refreshed every three years.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a Speech and Language Therapist had been made when required and advice followed. The cook was aware of people's individual dietary needs and adapted meals to ensure people were able to safely swallow.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. People told us the food was good and there was always a choice. One person said, "I enjoy the meals. The food is good and my favourite is chicken and chips. We have lunch at 12.30 and tea at 5.00pm and something before we go to bed."

We spent time observing people over lunchtime. No one was rushed and there was support for those people who needed it. Staff engaged in conversation with people throughout the mealtime. People had specifically designed plates to enable them to remain as independent as possible when eating. On the day of the inspection the main kitchen was being cleaned so alternative arrangements had been put in place to provide lunch.

A relative told us that their loved one saw a GP from a local village when they needed to and that they regularly saw a dentist. We saw from care records that advice and support was sought from other health professionals and that staff were pro-active in ensuring people sought medical assistance whenever they needed. A relative said, "They [Staff] keep me well informed. In fact, it was staff who noticed [Name] eyesight might have deteriorated because of the way they were walking down the stairs; they arranged an eye test and then they had cataracts removed. One eye at a time, it was all managed very well and quickly."

People had hospital passports, which ensured health professionals had the information they needed to communicate and support people in the best way they could.

Oakfield (Easton Maudit) was a purpose built home and people could access all areas of the home. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People had been encouraged to personalise their bedrooms and had been involved in choosing the colours for their rooms. However, overall the building was tired and in need of updating and refurbishment. We saw that some redecoration had been undertaken in a couple of areas of the home. The provider informed us that a programme of refurbishment was in place and plans were in the process of being developed.

Requires Improvement

Is the service caring?

Our findings

At the previous inspection in May 2017 'caring' was rated as good. At this inspection, 'caring' has been rated as requires improvement as there were areas that had deteriorated.

Care plans contained basic information to inform staff of people's likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. However, we found there were gaps in information in some care plans, which meant that staff did not always have sufficient information to provide consistent care and support. For example, there was a page within the care records entitled 'This is me' which was not completed. The level of care people needed was not always completed which meant that any new staff would not know what level of support people needed.

We saw that people had developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff. As people were getting ready to go out for the day, staff chatted with people and made sure they had the things they needed to take with them. As people returned home staff welcomed them; it was clear from the smiles people were pleased to be home and welcomed back. However, as staff developed their understanding around people's needs they needed to ensure all the information was captured within people's care plans so that all the staff had the information they required to support people in a meaningful way.

People's individuality was respected. People were supported by staff to maintain their personal relationships. This was based on staff getting to know people and gaining an understanding about who was important to the person, their life history, their cultural background and their sexual orientation.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. A relative said, "All the staff are helpful, friendly and caring. They all seem to have a vocation to work here."

Families and friends were welcomed at any time and encouraged to join in events at the home. One relative told us that they could visit when they wished and staff had supported their loved one to visit them.

People's choices in relation to their daily routines and activities were listened to and respected by staff. If people were not able to verbally communicate, staff had developed picture cards with them to enable them to make choices.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves. We saw that staff asked people before they entered their rooms. People had a choice as to whether they wished to keep their rooms locked and had their own keys.

People had access to an advocate to support their rights to have choice, control of their care and be as

independent as possible. The staff understood when people might need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection in May 2017 'responsive' was rated as good. At this inspection, 'responsive' has been rated as requires improvement as there were areas which had deteriorated..

People had individualised care plans, however, there were inconsistencies in the level of information and details captured as to the care and support people wanted and needed. This meant that staff did not always have the information they needed to provide consistent support for people.

The plans did not always enable staff to interact with people in a meaningful way. For example, we observed a number of people who did not appear to have much to do to fill their day and we did not see staff trying to engage with people. More detailed information in people's care plans could have assisted staff to provide a more constructive plan for people.

The care plans were reviewed regularly but there was little information to indicate whether there had been any changes in people's needs or as staff gained more knowledge of people what further information would assist staff new to the service to respond to people more effectively. Those staff who had worked at the service for a number years demonstrated their knowledge and understanding of people but there was a need to ensure that information was shared.

People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around the person's individual communication method. For example using symbols and pictures to support the person to express their views and any concerns they may have. One relative told us, "I am involved each year with [Relative] review and staff will call me and keep me informed about any health issues. They know [relative] very well and encourage them to take part in activities, either in a small group or one to one."

On the first day of the inspection, a number of people went out to local day centres and a few people did some arts and crafts with an arts instructor. We saw that a Pilates and Dance teacher visited regularly and that there was the 'Good Life' Project, which was a garden project, held within the grounds. One person told us they enjoyed working on the 'Good Life' project on various days across the week. On the second day, people had taken part in a Yoga session. People also went out to local social clubs and visited cafes and garden centres if and when there were staff available to support them.

One member of staff told us, "[Name] has an attention span of a few minutes so I have tried a number of activities to keep them on task for longer. Basketball they liked, especially bouncing the ball, which they were good at, but again did not stay with it for many minutes. Same with football." The home had also recently installed a trampoline and hot tub for people to use. At the time of the inspection, neither equipment was available to use.

People were supported to attend their local churches if they wished. Staff told us that people from the local village church came sometimes for 'Messy Friday'. They said, "The people from the church talk to the

residents about a religious topic and then they produce a picture together." We saw that there was a recent large Easter picture on the wall, which people had put together.

At the time of the inspection, nobody was receiving end of life care. One member staff told us about a time when they had cared for someone at the end of their life. They spoke about liaising with the family to ensure they provided the care the person needed in a way they would wish. Staff also received training in relation to death, dying and bereavement.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. There were house meetings held each month and we saw from the minutes of those meetings that people were given an opportunity to raise any concerns. When a complaint had been raised we saw that it had been responded to appropriately and action taken to address the issue.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given . For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in May 2017 'well-led' was rated as requires improvement because the quality assurance processes in place were not consistently effective at ensuring the actions required to implement improvements were taken in a timely way. At this inspection, 'well-led' remained requires improvement as we were unable to fully assess the effectiveness of the quality assurance systems now in place.

The provider had identified that they needed systems to monitor the quality and effectiveness of the service, however, some of the systems had only been put in place since January 2018 and therefore had not been fully established to enable us to assess the effectiveness and sustainability of them.

The systems needed to be further developed to ensure a comprehensive monitoring of the service was being undertaken to enable any action to be taken if shortfalls were identified. For example, there were no audits in place in relation to care plans and risk assessments, which would have picked up any gaps in information or the absence of risk assessments in place for some people. This had left people at potential risk and had not always ensured the staff had the information they needed to provide consistent care and meaningful activities for people.

The provider should have also been able to see that Deprivation of Liberty safeguards were not in place so could have taken action to address this sooner. This meant that people may have been deprived of their liberty without the appropriate safeguards in place to ensure that everyone was working in people's best interests and within the principles of the Mental Capacity Act.

This was the fourth inspection where we found areas that required improvement. The provider had failed to take timely effective action to address the shortfalls that had been identified and some areas had deteriorated.

These concerns constitute a breach of regulation 17: Good governance (1) (2) (a) (b) (c) of the HSCA 2008 (Regulated Activities) Regulations 2014.

We were able to see that audits were in place to monitor the administration of medicines and action taken to strengthen the medicine administration system. In addition, action was being taken to address issues in relation to infection control and the kitchen.

The atmosphere around the home was friendly and welcoming which led to an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing and regularly spent time at the home. We saw that people and staff knew the provider and was happy to talk to them if they wanted to.

People living in the home met together every couple of months and were enabled to raise and discuss any concerns or ideas. We saw from the minutes of these meetings people were asked about activities, food and health and safety. Relatives were kept informed about what was happening at the home. One relative told

us they had been informed recently about a planned refurbishment of the home and had been invited to an 'Open day.'

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes of safeguarding investigations or complaints. One member of staff said, "We are a good team, we get on well; we are here to work for the people living here." Another member of staff said, "Our aim is to support people as they like." However, staff did feel frustrated that action to address any issues raised, whether positive or negative were not always promptly or effectively addressed. Although staff said, the registered manager was approachable and supportive they did not always feel they had the authority to do things.

There were procedures in place, which supported the staff to provide consistent care and support, however the provider needed to ensure that the system in place to monitor the service was effective in identifying any shortfalls. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights.

There were plans in place to refurbish and develop the home, which would improve the environment of the home and enhance the well-being of the people living in the home.

We saw that people were encouraged to be part of their local community visiting local garden centres, social groups and cafes. The registered manager liaised with the local authorities who placed people at the home and was receptive to any advice and support offered to enhance the life experiences of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service had not fully complied with principles of the Mental Capacity Act and applications for authorisation under the Deprivation of Liberty Safeguards had not been made in a timely way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There had been a delay in establishing effective systems to monitor the quality of care and there were gaps in the information gathered which meant shortfalls had not always been identified