

# Modus Care Limited

# Heightlea

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

Heightlea is a residential care home providing personal care to 5 people with a learning disability or autistic people. The service is located on the outskirts of Truro and people were able to walk into town from the service.

### People's experience of using this service and what we found

#### Right Support

Staff ensured people were protected from abuse and understood how to report safeguarding concerns. Risks had been identified and staff understood the action they must take to keep people safe while promoting independence.

People received their medicines as prescribed and infection control risks were appropriately managed. People were supported to access medical appointments and regular health checks and advice from health professionals was acted upon.

Staff supported people to gain new skills and engage with new activities. People's choices were respected and people were able to change their minds in relation to decisions previously made. People engaged in a wide variety of activities both within the service and in the local community.

People were able to communicate effectively with their staff who routinely used appropriate tools and communication aids.

#### Right Care

Assessments of people's capacity to make specific decisions had not been reviewed and updated by the new provider. Instead, the service continued to rely on assessments completed by the previous provider that were not sufficiently decision specific. In addition, people's care plans did not include sufficiently challenging goals to support the development of new skills and improve independence.

People were happy and confident requesting support from staff who they enjoyed spending time with. Staff got on well with the people they supported and had the skills necessary to meet people's needs.

Visiting was actively encouraged and people were regularly supported to meet up with friends and relatives.

#### Right Culture:

Staff had been safely recruited and there were enough staff available to meet people's needs. The new provider was actively recruiting and was working with staff to reduce working hours to an appropriate level.

Quality assurance systems were effective and had identified failings in relation to capacity assessment, goal setting and care planning. The provider had chosen not to immediately address these issues to prevent changes to systems impacting on the quality of care people received. The new provider intended to introduce a new digital care planning system to support the effective resolution of these issues. The registered manager and staff team were well supported. Relatives were highly complementary of the changes and improvements they had observed since the new provider's involvement with the service. The service learned when things went wrong and changes had been made to systems and procedures following incidents to prevent similar events reoccurring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

In September 2022 the provider was asked by the Local Authority to take over the operation of this location from another provider. This service was registered with us on 21 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 15 October 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We needed to check on the actions taken by the new provider since they took on responsibility for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches of the regulations in relation to the Mental Capacity Act and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

# Heightlea

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Heightlea is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the services performance since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met and spoke with all 5 of the people living at Heightlea. We also spoke with 4 members of staff, the registered manager and 3 senior managers. We reviewed 3 people's care plans, as well as medicine records, daily care records, incident reports, staffing rotas and staff recruitment and training records. The provider was asked share various documents relating to the management of the service and this information was reviewed following the site visit. In addition, we spoke or received written feedback from all 5 people's relatives and received additional feedback from 3 health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service.

This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their role in ensuring people were protected from abuse. Staff told us, "I have no worries about people's safety" and information about how to raise safeguarding concerns was readily available if required.
- Relatives told us the new provider had introduced additional systems to enable staff to anonymously report concerns to management. One relative commented, "The staff have got to gain confidence in the new company and I think they have started in the right way".
- Additional systems and processes had been developed to safely support people with their finances. Staff told us, "The new money system is a better system really."

Assessing risk, safety monitoring and management

- The new provider had, prior to the inspection, identified a number of issues with fire safety and the buildings fire alarm system. Contractors had been commissioned to complete identified improvement works to resolve these issues.
- Personal emergency evacuation plans had been developed for each person living in the service and staff understood the level of support each person would require in the event of an emergency evacuation. Following feedback from inspectors, changes were made to the service's evacuation procedures to further improve safety during emergency situations.
- Risk assessments had been completed and staff understood the actions they should take protect people from identified risks while supporting people's independence.
- Some restrictive practices were necessary to ensure people's safety, the new provider was working with people, their relative, staff and professionals to reduce restrictions where possible and promote independence.

Staffing and recruitment

- There were 5 staff vacancies at the service and the staff team were being supported by a number of agency staff who regularly worked in the service. There was an ongoing staff recruitment campaign and 3 prospective staff had been recently identified.
- Staff rotas showed the service had been appropriately staffed to meet people's support needs. The majority of staff were working reasonable working hours with appropriate rest periods. However, one member of agency staff was regularly working 70 hour weeks. This working practice had been risk assessed by the provider and there were plans in place for this practice to be phased out. Staff comments included, "Staffing that is another change. Now we are offered the choice of using agency when we can't cover shifts" and the registered manager said, "[The new provider] says never have a day when you are short, always

contact the agency first".

- Relatives recognised that staffing levels had improved since the new provider took over the service and that this was positively impacting on people's wellbeing. Their comments included, "Staffing levels are improving, and the team tell me that the agency staff they are using are very professional and that there have been new permanent team members too", "They have more staff now that work for [the Provider] not agency" and "We think staffing levels are better".
- The service's recruitment practices were safe. All necessary checks including Disclosure and Barring Service (DBS) checks had been completed before new staff were appointed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were safely supported with their medicines as prescribed. Medicines were stored appropriately, and Medicine Administration Records (MAR) had been accurately completed.
- Staff had access to guidance on when medicines prescribed for use 'as required' should be used. The use of these medicines was authorised by a senior member of staff on duty or the providers on-call manager. Staff told us, "If there is no senior on, we can phone on-call, which works very well".
- Medicines audits were completed regularly and there were systems in place to minimise the risk of errors. Where errors occurred these incidents were investigated and learning shared with the staff team to minimise ongoing risks.
- The registered manager had a good understanding of the STOMP principles (Stopping over medication of people with a learning disability, autism or both) and had worked collaboratively with health professionals to achieve these goals.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting in the service was actively encouraged and people were regularly supported to visit and meet with friends and family. One person's relative told us, "Home visits work well, they bring [my relative] and take [them] back again". On the day of our inspection one person was supported to meet their relatives for lunch.

#### Learning lessons when things go wrong

- All incidents and accidents had been documented and reported. The registered manager and the provider's senior managers reviewed these records regularly to identify any patterns or trends. Where areas of possible improvement were identified changes were made to prevent similar events reoccurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The new provider had not yet introduced new systems or procedures for assessing people's capacity in relation to specific decision or best interest decision making processes. This decision had been taken by the new provider to avoid making too many changes, to too many systems at once as this was likely to compromise the quality of care people received.
- Instead, the service continued to rely on systems and assessments completed by the previous provider. These assessments of people's mental capacity to make decisions remained generalised in nature and were not sufficiently decision specific.
- People's care plans included some restrictive practices but there was limited evidence available to demonstrate people's capacity to consent to each restrictive practice had been fully assessed and limited information available where decisions had been made in people's best interests.

The provider had failed to assess people's capacity in relation to specific decisions. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where people lacked the capacity to consent to specific restrictions, necessary applications had been made to the relevant local authority for the authorisation of potentially restrictive care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The new provider had also chosen to not to make significant changes to people's care plans before the planned introduction of a digital care planning system.
- This meant the service was continuing to use care plans developed by the previous provider. These records did provide staff with guidance on people's needs but some information was inaccurate and outdated. Staff said, "The care plans have not changed much, waiting to go onto [the digital care planning system]" and a relative told us, "Care plans have not been updated and [some] information is old and out of date".
- Care records did include some information about people's goals and objective. However, these records did not contain enough information about people's specific goals or how staff were supporting people to achieve them. Information about progress towards achieving goals was out of date and did not reflect people's achievements. This meant opportunities to improve the quality of the service could be missed.

The service was not following published guidance and promoting independence through the setting of sufficiently challenging goals and care planning records did not fully reflect people's current needs. This contributes to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The organisation had systems in place to assess people's specific needs before they moved in to the service.

Staff support: induction, training, skills and experience

- People's relatives were confident the staff team had the skills necessary to meet people's needs. Their comments included, "I think the manager [from the new provider] listens to staff. [the new provider] is much more caring and I have heard staff say it is so much better, as you have someone to speak to" and "[My relative] knows the staff and that is very, very important to [my relative]".
- The service's training matrix showed staff had the skills necessary to meet people's needs and there were appropriate systems in place to ensure staff training was regularly updated and refreshed. The new provider recognised some issues with the quality of training staff had received prior to their involvement in the service and were providing additional face to face training for staff to resolve these issues.
- Staff consistently told us the new provider was, "much more supportive" and that Human Resources processes now worked well. Records showed staff had received regular supervision and that team meetings were happening frequently.
- The service had appropriate systems in place for the induction of new staff members and, where staff were new to care, they were supported to complete the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported and encouraged people to access a healthy balanced diet.
- People were involved in planning meals for the service with each person responsible for choosing the menu for one day each week. Staff prepared alternate options when requested and we saw one person was supported to have a cooked breakfast of the day of our inspection.

Adapting service, design, decoration to meet people's needs

- The service was appropriately adapted to meet people's needs and people were able to access a range of different indoor and outdoor spaces. People's sensory needs and preferences had been taken into account appropriately. We saw one person using an outdoor swing chair to help calm them when they had become upset.
- People's rooms had been decorated in accordance with the individual's tastes and preferences.
- Some furniture in the service's communal spaces had been upgraded and further improvements were planned. Staff and the registered manager recognised the new provider took a completely different and more positive approach to these issues. Their comments included, "There is a big difference [with the new provider], it used to be a real struggle to get money for things".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had been supported to access health care services when necessary and the service had acted upon advice from involved professionals.
- Records showed people had been supported to access necessary regular health checks and other medical appointments.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy and comfortable at Heightlea. They enjoyed spending time with their staff and the registered manager.
- People's relatives were complimentary of the quality of care staff provided. Their comments included, "When [my relative] comes to visit, he is happy to go back to Heightlea. It has improved", "[My relative] does get on with the staff", "They are doing their best for [my relative]. Staff are nice and [my relative] is keen to do things with them" and "As a parent it is reassuring to know that [my relative] is held in such high regard by [staff] who have known him for so long, who really like him and who have sincere relationships with him. They genuinely want the very best outcome for [my relative] and for [them] to be happy and to have a fulfilling life".
- Staff were kind and respected people as individuals. They had good knowledge of people likes and preferences. People approached staff for reassurance without hesitation and routinely chose to spend time with their support staff. Staff responded positively to people's requests and ensured everyone was treated fairly and with dignity. Staff comments included, "I am happy working here" and "I don't feel on edge all the time. It is relaxed here".

Supporting people to express their views and be involved in making decisions about their care

- People were supported to participate in a wide range of decision making within the service. People controlled when support was provided and were involved in menu planning and made decisions in relation to which activities they engaged with.
- People were able to change their minds in relation to decisions previously taken. In these situations, staff explained the possible consequences of the change to people and used appropriate tools to ensure this information was understood.

Respecting and promoting people's privacy, dignity and independence

- People chose how to spend their time and when they wished to be alone these decisions were respected by staff. Staff respected people's privacy and preferences in relation to when and how they accessed their bedrooms.
- People were supported to do as much as possible for themselves and independence was promoted. The service had purchased equipment to minimise risks associated with people making hot drinks independently.

# Is the service responsive?

## Our findings

onsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were met, and the staff team had a detailed understanding of people's individual likes and preferences.
- The support people received each day had been documented in daily care records which showed staff had responded appropriately to people's needs.
- People controlled how their spent their time and staff respected people's choices and decisions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and their support staff were able to communicate effectively together, and staff used individualised approaches to meet people's specific needs.
- Staff had been supported to develop their knowledge of people's communication preferences and information about the 'sign of the week' was displayed in the lounge. We observed staff routinely using signs and pictures to support people while making decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the day of our inspection people were supported to access a range of activities in the community and in the service. This included; voluntary work placements, meetings with relatives, meals out, shopping trips, craft activities, games and dancing. Care records showed people went out regularly to do things they enjoyed and staff told us, "People's lives have improved, [they] do so much more, go out more" and "It's an active house, [they] all like their sports, [3 people] will walk for miles".
- Relatives recognised improvements in people's quality of life and increases in the range of things they were participating in since the new provider's involvement in the service. Their comments included, "There are plenty of trips out, [My relative] is often at the beach or in town in a café, things like that" and "They send pictures of what [My relative] has been up to".
- The new provider was working with commissioning authorities and people's appointees to address and resolve issues in relation to access to vehicles. The service had 2 working vehicles available to support people to access the community and one person's relative told us, "[My relative] likes the flashy new people

carrier they have got".

- The number of staff able to drive remained an issue which sometimes restricted people's freedom. Relatives' comments included, "The lack of drivers does mean sometimes [my relative] can't go out. [My relative] likes to go out and do stuff". Staff used the available resources effectively to maximise people's opportunities to go out and told us, "We can get into town walking or by car, everyone recently got bus passes". The provider was aiming to recruit additional drivers to enable people to go on more individualised trips out.

Improving care quality in response to complaints or concerns

- The provider had robust systems in place to ensure any complaints received were recorded, investigated and resolved. Records showed where relatives had raised concerns these had been investigated sensitively and full explanations given of the outcome of these enquires. Changes had been made in response to learning identified and where appropriate additional support provided to prevent similar issues reoccurring.
- The service regularly received compliments and thanks from people's relatives and friends.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new provider had introduced additional auditing procedures and had developed plans designed to drive improvement in the service's performance. These documents had prioritised areas for immediate improvement, and we found prioritised issues had been addressed.
- The providers auditing systems had identified the failures detailed in the effective section of this report in relation to; goal setting, care planning and assessment of people's mental capacity.
- Action had not yet been taken to resolve these known issues. This was because the new provider intended to introduce a new digital care planning system which would facilitate the development of new care plans. The provider had chosen to delay this action to prevent changes of procedures from impacting on the quality of care people received.
- People's relatives valued the changes made by the new provider and recognised further improvements were needed. Their comments included, "I still think it may be a little bit too early to turn round and tell you everything is perfect. But it is slowly improving", "[The new provider] is improving things but they had a lot of work to do" and "It is too soon to be confident that the initial "honeymoon" period with [the new provider] will continue".

Action had not yet been taken to achieve full compliance with the requirement of the regulations in relation to care planning, goal setting and assessment of capacity to make specific decision. This meant the provider was in breach of the requirements of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manger was well supported by the new provider and told us "I just feel supported and listened to". A manager buddy system had been introduced to support the registered manager while they got to know and understand the new provider's systems and processes. The registered manager's buddy had visited the service recently and was available by telephone to provide informal support to the registered manager whenever needed.
- Two deputy managers had been appointed to support the registered manager to further improve the service's performance. Staff told us they felt well supported and recognised the positive impacts of the changes made by the new provider.
- Necessary notifications had been submitted to the commission when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new provider had made numerous positive cultural changes within the service and was supporting the registered manager and staff team to enable people to live as independently as possible. The registered manager told us, "It is a good feeling as you know it is laying the foundation for the future".
- People's relatives were constantly complimentary of the changes made by the new provider and told us, "I am very optimistic that [the new provider] will continue to make things better and continue improving the place" and "I can see the changes and I hope they stay and further improve".
- People were supported to be as independent as possible and to do things for themselves. People had taken on responsibilities for specific tasks within the service and took pride in completing these tasks.
- Staff described how they supported and encouraged people's independence. For example, providing practical assistance where necessary while enabling people to attempt challenging activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff team, registered manager and provider's senior manager all had a good understanding of their responsibilities to keep people's relatives informed of incidents that had occurred. Communication between the service and people's relatives was open and honest.
- Relatives all recognised improvements in the quality of communication from the service since the new provider's involvement. Their comments included, "Communication generally has improved since [the new provider] took over", "If [my relative] has an accident or is ill they let us know, there are very good like that" and "We get a monthly newsletter, so know there is now going to be a new deputy manager in Heightlea".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The new provider was in the process of gathering feedback from people, relatives and staff via a survey at the time of the inspection. The survey was available in an accessible format to support people's participation in the feedback process.
- The provider used a secure app to enable staff to share information and photographs of people's achievements with colleagues and managers. There were appropriate security measures in place to prevent unauthorised access to this system.
- Senior managers visited regularly to monitor the service's performance and support the registered manager. Where areas of possible improvement were identified support had been given to enable improvement.

Working in partnership with others

- The new provider and registered manager was working proactively and positively in partnership with others to ensure people's needs were met.
- Timely and appropriate referrals had been made for support from health professionals and the staff team had supported people to successfully access these services. One person's relative told us, "The care team have been very supportive helping [my relative] to access his health care appointments in recent months and helping [my relative] to deal with any anxieties relating to these".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff team, registered manager and provider's senior manager all had a good understanding of their responsibilities to keep people's relatives informed of incident that had occurred. Communication between the service and people's relatives was open and honest.



- Relatives all recognised improvements in the quality of communication from the service since the new provider's involvement. Their comments included, "Communication generally has improved since [the new provider] took over", "If [my relative] and accident or is ill they let us know, there are very good like that" and "We get a monthly newsletter, so know there is now going to be a new deputy manager in Heightlea".

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 provider had failed to assess people's capacity in relation to specific decisions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Action had not yet been taken to achieve full compliance with the requirement of the regulations in relation to care planning, goal setting and assessment of capacity to make specific decisions.