

Mr Warwick Phillips and Mrs Deborah Phillips

Mr Warwick Phillips and Mrs Deborah Phillips - 14-15 St James Road

Inspection report

14-15 St James Road
Exeter
EX4 6PY
Tel: 01392 670160
Website: www.example.com

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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?

Requires Improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 12 November 2014. The home is registered to provide accommodation with personal care for up to 17 adults

with mental health problems. The home does not provide nursing care. The property consists of two adjoining terraced houses that have been linked. On the day of our inspection visit there were 14 people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

We last inspected this service on 19 and 22 November 2013 when we found they were not compliant with Regulation 15, safety and suitability of premises. There were insufficient safety measures in place to protect people from harm caused by people smoking in their bedrooms. After the inspection the provider told us about actions they had taken to minimise the risks. During this inspection we saw measures had been put in place to reduce the risks of harm from passive smoking and from fire.

People were not protected against the risks associated with inappropriate or unsafe care because there were no clear procedures in place to ensure that staff understood the principles of the Mental Capacity Act 2005. There was no guidance in place to show how staff had reviewed decision making for people who were unable to give their consent to care, treatment and support.

The care plans provided information on how to keep people safe, for example moving and handling practice, mental illness, behaviour and nutrition. However, many of the risk assessments were out of date and had not been regularly reviewed. The manager assured us that the risks had been informally reviewed but this could not be evidenced in the records. People told us they felt safe. Comments included us "I have no concerns. I can't think of anything they could do better. I feel safe here." A health professional told us the service gave people "A stable, settled, steady home" where "People feel safe".

People lived in a safe environment. The building and equipment were generally well maintained. A few areas showed signs of wear and tear and the manager showed us evidence that they had plans in place to replace worn

or broken furnishings and fittings. Medicines were stored and administered safely. Staff understood how to recognise signs of harm or abuse and how it should be reported.

People were involved and consulted about their health and personal care needs. The registered manager and staff understood people's current needs, and told us they regularly reviewed the care plans with each person, although this could not be fully evidenced by the records. Relatives told us they felt welcomed, involved and regularly informed.

Menus were balanced and varied. People told us they enjoyed the meals. They were offered choices to suit their individual preferences and nutritional needs.

Staff were appropriately trained and skilled. Regular training was provided covering health and safety topics and also topics relevant to people's health and personal care needs. People told us there was always enough staff on duty and assistance was provided promptly whenever they asked. People were treated with care and respect.

Staff told us the home was well managed and there were good communication systems in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and opportunities to request advice, support, or express views or concerns at any time.

There were systems in place to monitor the quality of care including questionnaires, a comments box, and regular resident's meetings. People told us they knew how to make a complaint and were confident they could raise any concerns and these would be listened to and acted upon. The home had received no complaints in the last year.

There were a number of breaches under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full 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. The provider had taken reasonable measures to protect people from environmental risks such as smoking in their bedrooms.

People told us they felt safe and they were confident they could speak with the registered manager or the providers if they had any concerns about potential harm or abuse. Staff were trained on how to recognise and report any concerns about abuse

There were enough staff to support people when they needed them. Safe recruitment practices had been followed.

Good



Is the service effective?

The service was not fully effective. Staff had received training on a range of topics relevant to people's needs. However, some training had not been updated. Not all staff had received training on essential topics, for example some staff had not received training on the Mental Capacity Act. The registered manager told us further training and updates are planned for 2015. The registered manager and staff did not fully understand the principles of the Mental Capacity Act. They were unaware of recent changes in the requirements of the Deprivation of Liberty Safeguards (DoLS) or how this applied to people who were unable to make decisions for themselves.

People were offered a varied and nutritional range of meals to suit people's dietary needs and preferences. People were offered support to help them eat healthily.

Requires Improvement



Is the service caring?

The service was caring. People, relatives and health and social care professionals told us the staff were caring, understanding and compassionate.

Staff knew the people they were supporting, about their personal histories and how to support them when they became anxious or upset.

Good



Is the service responsive?

The service was not fully responsive. Although staff were able to describe people's needs and the support they required, this information was not always set out in people's care records. Care plans and risk assessments had not always been regularly reviewed or updated in line with current best practice.

People were involved in developing their care plans. Strategies had been drawn up to help staff provide effective support to people who may become anxious.

Requires Improvement



Summary of findings

People told us they knew how to make a complaint if they needed to, and were confident these would be listened to and addressed. They were consulted and involved in the running of the service, and their views were sought and acted on.

Is the service well-led?

The service was well led. People told us there was an open and fair management style. For example, a professional told us the home was “Very well managed by (the manager)”.

People were consulted and involved in making decisions about the home. Residents' meetings were held regularly and annual questionnaires were sent out to people, relatives and professionals every December. The responses received from the questionnaires completed in December 2013 were positive.

There were systems in place to monitor the quality of the service and make sure the home was running smoothly, although the way checks were recorded could be improved.

Good



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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 12 November 2014 and was unannounced.

The inspection was carried out by one inspector who was accompanied by an 'expert by experience'. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. Their expertise was in services for people with mental illness.

Before this inspection took place we asked the provider to complete a report called 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. They completed the form and returned it to us with all the information we asked for.

During the day we spoke with seven people who lived there, two staff, two relatives and the registered manager. We looked at four care plan files, daily records, two staff recruitment files training and supervision records, observed a member of staff administering medicines and looked at medicine storage and administration. We also looked around the home. We looked at records used by the home to review the quality of the services provided.

After the inspection visit we contacted five health and social care professionals who knew the service. The registered manager sent us further information we had requested relating to their policies and procedures and quality assurance systems.

Is the service safe?

Our findings

At our last inspection of the service on 19 and 22 November 2013 we found a number of people regularly smoked in their bedrooms. There were no risk assessments in place showing how the risks of passive smoking or the risk of fire had been considered, or any measures put in place to minimise the risks. After our inspection the provider sent us an action plan explaining the advice they had sought from the local Environmental Health Department and the local fire and rescue service. They had carried out detailed individual risk assessments for each person who was allowed to smoke in their bedrooms and they had put in place a range of measures to minimise the risks.

A person told us “I can smoke in my room but not anywhere else inside”. They understood that if they were in the communal areas they had to go outside in the garden to smoke. The evidence showed the provider had taken actions to reduce the risks associated with smoking inside the home and they were no longer in breach of the regulations.

A care plan explained the risks for one person with diabetes. The person was at risk of scalding their feet due to lack of feeling caused by diabetes. Hot water temperatures were regulated and water temperatures had been regularly checked to ensure people were protected from scalding. . Records showed regular checks had been carried out on hot water temperatures to make sure water came out of the hot taps at a safe temperature. The person said they were aware of the risk of scalding and they had their own thermometer they used when they ran their own bath to check the water temperature was safe.

There were sufficient staff available to meet people’s care and support needs. There were two care staff and the registered manager on duty, and the staff duty rotas showed this was the usual level of staff on duty. Where required, additional staff were available, for example during organised activities. The registered manager, staff and people we spoke with said they were confident there were sufficient staff to meet people’s care needs. During the day we saw staff were busy, but did not appear rushed. Routines such as medicines administration were carried

out at the correct times. A member of staff told us “Yes, there are enough staff most days.” Most people required little or no support with personal care tasks, although staff were able to offer guidance or assistance if requested.

People received support and encouragement to go out whenever they wanted. Staff supported people’s right to be free to take risks and accept responsibility for their own actions. Where incidents had occurred these had been recorded and we saw evidence that actions had been taken where necessary to prevent recurrence. For example, formal written warnings had been issued to people if their behaviour put themselves or other people at risk.

Staff recruitment files contained application forms which had been completed giving information about previous employment, education and qualifications. The forms did not ask applicants for information about previous convictions. The registered manager explained, and provided evidence of, emails they received from the Disclosure and Barring Service (DBS) advising the employer to wait for the full criminal records checks before making a decision about employment. Copies of DBS forms and evidence of risk assessments showed how potential risks had been explored and reassurance of suitability obtained before offering applicants a job. This evidence included references showing the applicants were of good character. The registered manager said they would consider amending the application forms to give people opportunity to tell them about any previous convictions that may affect their suitability for the job. .

Staff had received training on topics relevant to keeping people safe, including safeguarding adults. A member of staff we spoke with understood how to recognise signs of abuse and how to raise concerns. They knew where to find the home’s policies and procedures, including information on local safeguarding reporting arrangements.

People told us they felt safe and they were confident they could speak with the registered manager or the providers if they had any concerns about potential harm or abuse. For example, one person told us “I have no concerns. I can’t think of anything they could do better. I feel safe here.”

A health professional told us the service gave people “A stable, settled, steady home” where “People feel safe”. They told us they have never had any concerns about the care.

Is the service effective?

Our findings

The registered manager and some staff had received training on the Mental Capacity Act (2005) (MCA) and how it applied to their practice. However, this training had been provided in 2009, and this meant staff had not been updated on any changes since that date. Staff recruited after 2009 had not received training on this topic. After the inspection the registered manager contacted us to tell us they had booked training for all staff on this topic for January 2015 and March 2015. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

There was no-one living at the home who was currently subject to the Deprivation of Liberty Safeguards (DoLS). However there was one person living there who could not go out without support from the staff. The person was unable to communicate verbally and unable to make decisions for themselves. They required support from one member of staff throughout the day with all personal care tasks. The registered manager had not made an application for this person, or sought advice from relevant professionals. The registered manager was not aware of a recent Supreme Court Judgement which widened and clarified the definition of deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager told us they would seek advice and make an application if necessary. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

Staff had received training on topics related to health and safety, including first aid and infection control. All staff were in the process of completing training on health and safety. All staff held a relevant qualification in health and social care, such as National Vocational Qualifications (NVQs) at level two or level three, and also diplomas at level three. The training records also showed all staff had received

training on challenging behaviour, and training on positive behaviour was planned for all staff for early 2015. Staff training certificates were displayed in the hallway. Following our inspection the registered manager sent us evidence of training topics booked for the near future.

Routine management tasks were carried out regularly but some were poorly recorded. For example, staff supervision was carried out every eight weeks but the records were minimal and did not demonstrate how staff performance, skills or training needs had been considered, or any actions agreed.

Staff asked people if they wanted assistance, and accepted people's right to refuse if they wished. For example, during the midday medicine administration round a staff member politely encouraged a person to take their medicines, but the member of staff accepted it was the person's right to refuse. The person's records showed this happened frequently. We discussed this with the registered manager who explained how they had liaised with relevant professionals about ways of supporting the person with their health needs.

People were encouraged to take part in the planning and preparation of the main evening meals. Menus were discussed with people regularly and individual likes and dislikes taken into consideration when planning the menus. The registered manager said "It is often just matter of a resident mentioning a meal choice to us and (we are) always happy to include it in menu." There was a statement on each of the menus advising people "We provide an alternative for those who may not like what is on the menu for tea". There was a list of individual likes and dislikes displayed in the kitchen.

Some people participated in weekly cooking classes. During the cooking classes people could choose what meal they wanted to cook. The registered manager told us they found the cooking classes were successful. There were two kitchens, one in each part of the house, where people could make their own breakfast, midday meals and drinks throughout the day. One person said "staff cook tea and dinner for the residents." Another person said "I like my own space" and "Staff bring my meal up to me in my room" at teatime. The evening meal was usually cooked by one of the providers. Staff encouraged people to eat a healthy diet but accepted people's right to choose what they wanted to eat.

Is the service effective?

A healthcare professional told us 14 – 15 St James Road provided people with a calm and stable home and a good quality of life. People felt secure in the knowledge they could stay there permanently, and they recognised some people could not cope with pressure to move on to more independent accommodation. They described staff as motivated and enthusiastic and contacted professionals appropriately when necessary. They gave examples of how the staff encouraged people to take a pride in their appearance and to improve their health, saying “People always appeared really clean, spotless.” The staff had gently encouraged people to make positive changes in their life at their own pace, and when they felt able to, for example, by giving up smoking, eating healthily and losing weight. They told us that everyone, including people with significant mental illnesses such as paranoia, had always said they were happy living there.

Another professional said “I have found the clients looking well and clean and appear to be content. The place is always clean and I found the staff always helpful and engaging.”

The registered manager said how they encouraged people to attend regular health appointments, and offered to accompany people if they wished. Where people chose not to attend medical or therapy appointments their decisions were respected. In these instances staff had offered to arrange transport or to accompany people to appointments, although such offers were frequently refused. The registered manager said they tried a range of strategies and described how they tried to find solutions to suit each person, for example by asking medical practitioners to visit the home. One person told us they had chosen to use alternative therapies, and felt their health was slowly improving as a result.

Most areas in the home were comfortable and well maintained. There were two lounges and both were comfortably furnished and homely in appearance. People were encouraged to keep their bedrooms clean and tidy, but for some people this was not always managed. We heard staff reminding people to tidy their rooms and offering assistance. One person said the flooring had recently been replaced in their bedroom. They understood the room would be redecorated in the near future. People had been able to personalise their bedrooms with furniture, pictures, televisions and music equipment.

We saw comments had been made by some people in the quality assurance questionnaires completed in December 2013 about the environment. Some people had rated the environment as ‘adequate’, with comments such as “Toilets need replacing as toilet seats are always breaking”. The registered manager told us the toilet seats had been replaced in the last year. However, one toilet seat was scuffed, which meant cleaning may not be effectively carried out. Also, the push buttons on some toilets were broken, although it was still possible to flush the toilets, but with some difficulty. The registered manager told us he would make sure these were added to the maintenance plan and addressed as soon as possible. The registered manager explained that some areas of the home were subject to high levels of wear and tear and damage and therefore it was sometimes difficult to keep up with maintenance of these areas. After our inspection the registered manager sent us information showing repairs to the toilets and replacement carpets had been ordered.

Is the service caring?

Our findings

Through our discussions with people living in the home, relatives, staff and professionals we heard many examples of how staff provided care and understanding to people who had a history of anxiety, phobias or anger, and this had helped people feel safe, and remain stable. The records contained detailed information to help staff understand each person's history and why they may behave in a certain way. The records also provided a range of caring and supportive strategies for staff to follow to help people who were at risk of obsessive or compulsive behaviours.

Staff treated people in a caring, friendly, relaxed and respectful manner. The registered manager and staff respected people's privacy and dignity by knocking on people's bedroom doors and waiting to be invited in before entering. People we spoke with told us the registered manager and staff were always caring. Comments included "The staff are angels," "Staff respect my decisions, they listen to me and treat me well," "Happy here," "Yes the staff respect my decisions," "Staff listen to what I say," "Staff are friendly" and "Yes they respect my privacy and dignity".

People described how staff supported and encouraged them to gain independence, for example "Staff do help me to do things for myself." We also heard how people were consulted about their care plans, for example, "I have a care plan and I am involved in it."

The staff demonstrated care and compassion towards people, even when people threatened them with anger or abuse. A staff member said they had learnt to be tolerant and to remain calm and positive in such situations. One care file contained evidence of two incidents when a person had become angry and shouted at staff. The records showed how the manager and staff had taken a calm, caring, but firm response to the incidents. We spoke with the person and they said they understood and appreciated the way the incidents had been dealt with. They said the registered manager and staff at this home were caring, supportive and understanding.

A relative said they were concerned a person did not eat regularly but said it was through no fault of the staff. They told us "They do everything they can for (the person)." They said they were happy with the care the person received and praised the registered manager and staff for their caring manner.

Is the service responsive?

Our findings

Through speaking with people who lived in the home, and with staff, we found that staff had a good understanding of people's current needs. There was a stable staff team and most people's needs had also remained stable. Staff were able to describe people's health and personal care needs, including anxieties, and explain how they supported each person. For example, one person was unable to speak, but staff were able to understand their facial expressions and responses. A member of staff explained how they encouraged the person to do as much as possible for themselves, for example dressing.

Strategies had been drawn up to help staff understand the reasons why people may become anxious or angry. For example, a person's anxieties and phobias were clearly described in their care plan. The file contained an appointment letter from their community psychiatric nurse for August 2014. However, there was no record of feedback from the visit or evidence to show the staff had sought recent advice from the nurse on the person's anxieties and phobias, or best practice methods to support the person.

The care plans contained records of care reviews carried out every six months between each person and their appointed care worker (key worker) but these were short statements about the person's general health and well-being. This meant we had anecdotal evidence that the strategies had been followed and were successful, but this was not evidenced by detailed records showing how they measured the success of the strategies. Staff told us there were good support systems in the home and they always worked together to find solutions. Any problems were sorted out straight away.

Care plans contained risk assessments covering topics such as mental health, physical health, personal risk assessment, behaviour and nutrition. However the risk assessments had not been reviewed or updated regularly, for example some had been drawn up in March 2012 and there was no record of reviews since then. This meant staff may not have up to date information on how to support people to reduce any risks. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of information about them.

Records did not provide evidence that their plan of care and any associated risks had been regularly reviewed or updated. After our inspection the registered manager told us risk review forms were held in each care plan and these have been updated every six months or whenever needed when people's circumstances change.

We spoke with the registered manager about the lack of detailed recording to show that care plans and risk assessments were regularly reviewed. They told us each person had an agreed time every week when they spent time with their allocated key worker. During these sessions the key worker was expected to discuss the person's care plan with them. They told us most people's needs had changed very little since 2012, and therefore the risks may have also remained unchanged. Most people had lived in the home for many years and were not interested in moving on to more independent accommodation. Some people became unsettled by discussions about care plans, risk assessments or strategies. For these people the monthly meetings with their key workers were usually informal, for instance during an outing to a coffee shop. Only brief records of the topics covered were made.

Most people living at 14 – 15 St James Road were able to plan and arrange their own daily activities and did not require staff to accompany them when they went out. For example, on the day of our visit several people went out for a game of snooker they had organised themselves. One person spoke with us briefly as they were "off to play snooker" but before they went they told us about other activities they also enjoyed, such as table tennis. Other activities people told us about included badminton, swimming, and playing cards. Some people talked about shopping trips, clubs they attended and visits to the city centre. People were encouraged to gain employment, for example by working in a charity shop. On the notice board we saw a Christmas party had been organised with live musical entertainment.

Staff also told us they organised and accompanied people for some regular activities including sports games, pub outings, and visits to coffee shops during regular one-to-one key worker sessions. One person who was unable to go out unless accompanied by staff went out every day to places such as cafes or local parks.

Is the service responsive?

People told us they were supported to keep in touch with families and friends. For example, one person went to see their family every week, and another person told us they went out regularly to visit a friend. Two relatives visited the home on the day of our inspection.

People were asked in the most recent annual questionnaire if they knew how to make a complaint. We saw from the responses that some had been unsure. The

registered manager told us that as a result of this they went and spoke with each person individually to make sure they understood how to make a complaint. People told us they were happy and had no complaints. One person said “I know how to complain if I want to”. There was a complaints and suggestions box in the entrance hall. The complaints procedure was displayed on notice boards. No complaints were recorded as being received in the last year.

Is the service well-led?

Our findings

People told us the home was well-led. They told us the providers, registered manager and staff were friendly and approachable, and there was an open and fair management style. For example, a professional told us the home was “Very well managed by (the manager)”. Another professional told us “The set up appears to be safe, effective, caring, responsive and well led.” A person who lived there told us the providers were “Lovely people. I can speak with them at any time. They are always available.” A relative told us “(The manager) is very good. The staff are very good. It’s a nice atmosphere.”

Staff said the home was well managed, with good support systems. They had confidence in the providers and registered manager to make sure the home ran smoothly, and any problems or complaints would be sorted out quickly.

People were consulted and involved in making decisions about the home. One person said there were residents' meetings held “about every six weeks”. Annual questionnaires were sent out to people, relatives and professionals every December. The responses received from the questionnaires completed in December 2013 were positive. For example, a relative commented “We have always found the staff at St James happy, helpful, caring and professional.” Where people had raised comments or suggestions for improvements these had been acted upon, for example one person said they would like more sporting activities to be organised such as badminton. This had been organised. There were also blank copies of questionnaires in the hallway for visitors to complete.

The home is situated very close to the centre of the city and this meant people were able to participate in the local community. Community amenities such as shops, doctor’s surgeries and the local football ground are within easy walking distance of the home. Most people went out every day on their own to meet with friends, attend clubs, work or health appointments, or to go to the shops.

Policies and procedures were in place on topics relevant to peoples’ health, safety and welfare. These included safeguarding, whistle blowing, infection control and administration of medicines. These had been recently reviewed, and dates of next review were also recorded.

Key workers met with people on a monthly basis to review their care plans but the meetings were not recorded. The registered manager carried out monthly care plan checks to ensure tasks such as monthly care plan and risk assessment reviews had been completed, people’s weight had been checked and their medicines reviewed. However, where the checks had identified missing information there was no evidence to show how this had been followed up and actioned. There was no evidence to show who had been asked to complete the records, or when it should be carried out.

The registered manager checked all areas of the home every month and repairs and maintenance required was written in a maintenance book. We were given copies of the maintenance records showing when repairs were noted, and dates these were completed.

Medicines were checked weekly and monthly to ensure safe systems of administration were being followed.

There were systems in place to make sure regular housekeeping tasks were carried out. People were encouraged to help with cleaning routines and there was a cleaning rota for bedrooms on the noticeboard.

The registered manager understood their responsibility to inform other agencies of any serious incidents that occurred. We have received notifications of incidents and explanations of actions taken following the incidents. The registered manager explained they always dealt with accidents and incidents immediately by investigating the reason and circumstances to prevent similar events in the future. They gave an example of a recent accident when a person fell out of bed. As a result of this a grab rail was provided by the person’s bed to support them when getting out of bed.

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 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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of information about them.</p> <p>People who used the service were not protected against the risks associated with inappropriate or unsafe care because records did not provide evidence that their plan of care and any associated risks had been regularly reviewed or updated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p> <p>People who used the service were not protected against the risks associated with inappropriate or unsafe care because there were no clear procedures in place to ensure that staff understood the principles of the Mental Capacity Act 2005. There was no guidance in place to show how staff had reviewed decision making for people who were unable to give their consent to care, treatment and support. Where people may be deprived of their liberty the provider had not sought authorisation under the Deprivation of Liberty Safeguards to ensure any restraint was being carried out in the person's best interests.</p>

This section is primarily information for the provider

Enforcement actions

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