

Shamrock Villas Limited

Meadow View

Inspection report

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Essex
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Tel: 01255431301

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 05 July 2017 and was unannounced. Meadow View provides accommodation and personal care and support for up to four people, some who may have a mental health need. At the time of our inspection there were four people who lived in the service.

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

People could be confident that they would always be kept safe at the home through effective risk management and appropriate processes being followed to safeguard people.

People were supported to receive their medicines as prescribed. People were protected by the use of best practice guidelines for safe medicines management.

People were not always supported by staff who had been deployed effectively or who were equipped with sufficient training and support in their roles. Staff had not had sufficient pre employment checks undertaken and supervision and appraisal support for staff had lapsed.

People told us that staff understood and met their needs and staff demonstrated awareness of people's healthcare needs.

People were not always supported in line with the principles of the Mental Capacity Act (2005) due to practices in place at the service.

People told us that they enjoyed the food at the service, and people's dietary needs were monitored.

People were supported to access healthcare support to ensure people stayed well and people had developed good relationships at the home with staff, relatives told us that staff were kind and caring and we observed caring actions in practice.

Staff practice at the home promoted people's privacy and dignity and reflected a person-centred approach. Relatives told us that they had been involved in care planning and people where they were able, told us they were supported to make decisions about their care.

People told us that they were happy with the care they received. Most people were supported to participate in activities of interest to them, although this was minimal and the provider is advised to explore the interests and needs of all people living at the service.

People and relatives we spoke with told us that they felt comfortable raising concerns, and there were some formal processes in place to empower people to do so.

The registered provider had failed to consistently implement systems and processes to monitor and improve the quality of care that people received. The registered provider had not established clear oversight of the service and we identified several examples where systems and processes had failed to be monitored to ensure the safety and care that most people received. The registered provider demonstrated their on going intention to provide people with person-centred care and to address areas of concern that had been identified during our inspection.

You can see what action we told the provider to take at the back of the full version of the report summary.

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 consistently safe.

There were insufficient numbers of staff available to meet people's assessed needs.

Recruitment practices at the service were not consistently safe. Not all staff had been recruited and then employed by the service after all essential pre-employment checks had been satisfactorily completed.

Staff knew how to recognise and report concerns of abuse. There were processes in place to listen to and address people's concerns

People had their prescribed medicines administered safely.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff had not all received the support, supervision and training they required to provide them with the information they needed to carry out their roles and responsibilities.

Where a person lacked capacity the correct processes were not in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were not fully understood and appropriately implemented.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

Is the service caring?

Requires Improvement 

The service was caring.

People's independence was supported and encouraged.

People were treated with dignity and respect.

Staff took the time to sit and chat with people. Staff treated

people well and knew how to support people with patience and kindness.

People were supported to maintain important relationships outside of the service.

Is the service responsive?

Good ●

The service was responsive.

Activities took place but were minimal. Whilst a structured programme may not be appropriate for the service user group this is an area that could be developed.

People received care and support that was individual to them and their needs.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Opportunities for people and relatives to give feedback on the care provision were made available and this included raising complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was a registered manager in post and staff told us they were approachable and supportive.

The provider had a range of audits and governance systems in place, but some of these had not provided appropriate levels of information to identify aspects of the service requiring improvement and action had not always been taken to address issues.

The service worked in partnership with other organisations and healthcare professionals.

Meadow View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 05 July 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also considered information which had been shared with us by the Local Authority

We focused on speaking with people who lived at the service who were able to verbally express their views about the service. We also spoke with staff and observed how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We also observed the care and support provided to people and the interactions between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in the lounge, communal areas and during the lunch time meal

We spoke with four people who lived in the service, two care staff members, one relative, one healthcare professional, the deputy manager and manager/provider. Some of this discussion took place after the inspection via telephone calls made by the inspector.

We looked at two people's care records, staffing rotas, three recruitment records and those which related to how the service monitored staffing levels. We also looked at information which related to the management of risk within the service such as infection control records, quality monitoring audits and checks on the

environment. We looked at the premises and reviewed risk assessment and management documentation.

Is the service safe?

Our findings

We received mixed feedback as to whether there were enough staff at the home. Some people living at the service told us that there were enough staff available. One person told us, "I look after myself so its ok." A staff member told us that there were not always enough staff to attend to people and keep people safe because some people required additional support from staff due to their changing needs. On the day of our inspection only the deputy manager was on duty until 3pm. Whilst we noted that the provider was on call, they were not on the premises at the time or throughout the inspection, however we did speak to them on the phone. This would have then meant there were insufficient or in this case no staff left in the service to look after the other three people. We observed that although the staff member would promptly respond if people said they needed help, they were not always visible and present to be able to identify concerns or incidents at the service. For example, one person who was usually supervised using the kitchen was noted to spend time alone preparing their breakfast. Whilst they managed this well and spoke to the staff member confirming that when asked if they were ok, this was not usual practice the staff member told us they would usually be helping the person in the kitchen. This was because we were told by the staff member on duty that there was a risk that they may harm themselves whilst preparing hot food this risk was not identified within their care plan.

The provider was unable to demonstrate how staffing levels were calculated to ensure there were sufficient staff available. Staffing numbers had been calculated according to the number of people using the service rather than against individual needs which varied. Care plans were not updated with the care needs of individuals therefore the provider had no method of being able to assess the needs of people in line with the staffing levels required. The registered provider told us that they would review staffing levels to ensure that people's needs were always met and that the situation had occurred due to a lack of funding for one person so it had been difficult to finance extra staff.

We identified this as a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing

People were not always protected by safe recruitment processes to ensure they were supported by staff who were suitable. Some of the checking processes required were not completed robustly enough before staff had commenced working in the service. For example in the three staff member's files we reviewed we noted appropriate checks through the Disclosure and Barring Service (DBS) for any criminal history potential staff may have, had not all been completed satisfactorily before they commenced in their role. One file had a DBS check from a previous employer and had not had one completed for Meadowview. Another person had not had their DBS check updated since 2010 and the third file contained a DBS check which did not relate to the staff member at all but a completely different member of staff with a list of criminal convictions. We were informed they had since left the company's employment, however did not work at Meadowview but another service the provider was also associated with. The provider was notified about this on the day of inspection and advised us they would attend to the anomalies on staff recruitment files urgently

The provider did not have a safe system in place for the recruitment and selection of staff. This meant that people could not be confident that they were cared for by staff who were safe to work with them. Whilst

other recruitment checks were noted to have been completed satisfactorily such as references and photographic identification, we advised the deputy manager and provider that the current recruitment practices did not ensure competent and reliable assurances of staff suitability before they commenced in their role.

We identified this as a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Fit and Proper Persons Employed

Some people were unable to tell us about their experiences of the care they received so we observed how staff supported them. All staff had received training in the safeguarding of adults from abuse. Staff knew how to recognise signs of harm and knew who to report any concerns to. One staff member told us, "I would report any concerns immediately. I have no problem with that." The provider had up to date policies which included safeguarding adults and whistleblowing. Staff were able to demonstrate their awareness of the whistleblowing policy and who to report their concerns to. We spent time with the people who were not able to or chose not to talk to us and chatted with them generally. We saw they were relaxed and did not give the impression of being worried about their safety.

Staff told us, and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was available for staff from the local authority detailing how to report a concern. Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the process. The manager and deputy manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence as much as possible. For example, the risk of people going out into the community, there was guidance for staff on what support people required to help people. One person was being supported to manage their purchases to ensure that they were safe when going out on their own. We observed this on inspection when the person returned and spoke to staff about what they had purchased and this was in line with the assessment to help keep the person safe.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example, fire drills were carried out so that staff understood how to respond in the event of a fire.

Medication was stored securely. Records were maintained of medicines received into the service and disposed of, as well as medicines administered to people. This demonstrated that people had received their medicines as prescribed. We observed medication being given to people at pertinent times throughout the day, and although this only applied to a few people this was done with due care and safely. When the medicine round was finished the trolley was kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were protocols in place to inform staff when to use them. Records showed that staff had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely. The deputy manager audited the medicines monthly and the dispensing chemist also visited the service to give advice on good practice and to carry out checks. When on duty, the staff member who did the medicine round checked that the records were properly completed and medication was managed as it should be by the staff. Staff had received up to date

medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

Is the service effective?

Our findings

The provider was not supporting staff by ensuring they received regular supervision, training and development to enable them to deliver care and treatment to people safely and to an appropriate standard. People were also not always supported by staff who had been equipped with the skills and knowledge for their roles.

Staff gave us mixed views as to whether they felt supported in their roles. Whilst we saw staff completed training there were a lot of gaps noted and not all staff had completed training as planned. For example, only the deputy manager had completed health and safety training and the training matrix showed that no staff had completed training in Control of Substances Hazardous to Health (COSHH). Additionally only two of five staff had completed moving and handling and food hygiene courses in the year 2017. It was also noted that as some people in the service could display challenging behaviours, only the deputy manager had completed this training, therefore we could not be sure staff had received training specific to the mental health disorders of the people they cared for, enabling them to do this competently. We saw some staff had acquired their skills through training in previous roles and that they had not yet completed relevant training at the service. One staff member told us that they did not feel well supported in their role and thought, "It is quite hard alone sometimes. You could do with some help." The registered provider confirmed that they could have provided better support to the service and advised that any issues highlighted as part of this inspection would be addressed. The registered provider showed that they intended to improve the training provided to staff as part of their action plan to improve the service.

New staff had been supported to complete an induction to ensure that they were equipped for their roles when they started working at the service. We saw this consisted of a practical tour around the home and being introduced to people living at the service. This did not meet the standards of the Care Certificate, a set of minimum care standards that care staff new to their role must cover as part of their induction process. We also noted that staff supervisions had lapsed and that most staff had not had a supervision session since January or February 2017, therefore staff had not been appropriately supported in their roles to deliver effective care to people. The deputy manager told us that the training and supervision issues would be addressed and that staff would be provided with training to aid their on going development and ensure that people received care in line with current best practice guidelines.

We identified this also as a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

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 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The deputy manager confirmed that DoLS applications had not been made for people living at the service and demonstrated that they did not fully understand the conditions of these. We found that mental capacity assessments had also not always been completed where the registered provider considered that people living at the home may not have the mental capacity to make certain decisions. Whilst we acknowledge that some people had complex mental health conditions and there was appropriate professional healthcare input and support, people were not always supported to make decisions about their care in line with the principles of the MCA.

Care plans did not all identify people's capacity to make decisions, and there was limited information in some about how people made decisions in relation to their care. Some of the plans of care we saw did not evidence consent had been sought from the person concerned or a significant other as there were no documents which showed that people had consented to the care provided and agreed to the contents of their care plans. We did not see in all care plans we viewed evidence that consultation with people or their representatives had taken place about health and welfare issues. For example, people were restricted from leaving the service as at least one person required supervision whilst in the community and was unable to go out as they wished due to a lack of staff availability. Staff we spoke with were only partially aware of the principles of the MCA and only three of five staff had completed training in Deprivation of Liberty Safeguards (DoLS). Although we did note there were set routines at the service that people followed due to their mental health conditions, people's choices were respected and we did see people going out independently. One staff member told us, "Everyone has got the right to make choices." The registered provider and deputy manager told us that they would address these practices to ensure that the principles of the MCA were adhered to.

We identified this as a breach of the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. - Consent.

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. A full assessment was carried out before a person moved into the service. This included working with the individual to identify their needs and wishes, and speaking to all healthcare professionals and relatives, (where appropriate) involved in their support. This enabled the service to gain a full understanding of the support that a person would need. Person centred support plans were then developed for each person.

People told us they had enough to eat and that their personal preferences were taken into account and they could make individual choices about their meal times. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. We saw that where people required specialist diets a balanced diet was followed and people had access to plenty of snacks and drinks throughout the day. One person liked cooking so was seen preparing their own meal. People had developed their own individual menus and chose when they wanted to eat. Staff used positive suggestions to prompt and encourage people to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People were observed to be happy and interacted well with staff. They also chose where they wanted to eat either in the dining area or the conservatory. Care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. The service appropriately assessed people's nutritional status and used a

malnutrition screening tool to identify anyone who may need additional support with their diet. People were weighed regularly and weekly intake sheets were completed. Where appropriate necessary referrals would be made to professionals such as the dietician.

The provider had processes in place that staff followed to support people with their health needs. A health professional told us that staff made appropriate referrals to their service and they were confident that their instructions about the plan of care and treatment were followed. People were encouraged to discuss their health and the deputy manager explained that they gave people the information about treatments available in a way that was understandable. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input. For example changes in people's mental health. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare.

Is the service caring?

Our findings

People were supported by staff who were kind and patient. One person told us, "They all look after me well here." We observed that staff spoke with people politely and addressed them by name. Staff spent time interacting with people and had developed positive relationships with people and their relatives. The service used 'This is me' tool to gather a person's life history which they used to build a meaningful relationship with them. There was friendly and positive interaction between people and staff.

We observed staff support people in a gentle, unrushed manner. People were listened to and given time to choose to do the day to day activities they wanted, although this was not always easy due to people's fluctuating mental health conditions. All the interaction we observed was attentive and considerate. People were happy in the company of the staff and we saw a lot of smiling and laughing.

Staff had a good understanding about the people who used the service. We heard them chat together about things that were important and of interest to them. Staff responded when people became anxious, and were able to calm people as they knew how to do this, and what would support people in this situation. Some people liked to have their own personal space and in one person's case they were actively encouraged to attend to their personal care sensitively as they would refuse on a regular basis. Care staff always acknowledged people when they came in to a room. We saw that people's care records gave staff the information they needed to do this in a consistent manner. We did note however that people were unable to make free choices about how they spent their day due to a lack of staff presence. This demonstrated that staff were at times unable to focus fully on people's choices, however we did note they responded to people in a caring and compassionate way.

People were involved where able in making decisions about their care and support. We saw that people chose when they were ready to get out of bed, and were supported to spend time in the areas of the service they chose. Staff would be guided by people, rather than staff directing them, and staff listened and responded to the choices people made. Staff understood how people communicated, and this was reflected in their care. For example, one person could become anxious with new people in the service. The deputy manager responded by ensuring the person was introduced to the inspector and that they knew why they were there and it was nothing to worry about. The person responded positively and showed they were reassured by this.

When a member of staff was sitting with someone, if the member of staff needed to leave the room they explained to the person what they were going to do and that they would be back. Staff spoke with people in a kind and caring manner and they respected people's choices. For example, when staff asked people to choose something such as a drink or breakfast, they allowed plenty of time for the person to make their decision. If someone trying to communicate something staff listened attentively until they understood what the person wanted.

People's independence was promoted for those people who could go out alone. One person told us, "When I get up I go out every day." And another person said, "Staff help me when I need it but I am ok." We saw that

people were able to access all areas of the service and all but one person were able to come and go freely and went out independently. Staff respected people's privacy and their dignity was upheld. Everyone had their own individual bedrooms and staff were seen to knock on people's doors before entering, and would support people with the personal care needs in private. People were able to maintain relationships that were important to them. We were told that visitors arrived at various times throughout the day and there were no restrictions as to when they could call. People were involved in all aspects of their care and they were encouraged to maintain and develop independence.

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People and relatives told us they felt the service was responsive. One person said, "I can say what I want and the staff are there." People had their care needs assessed by the registered manager or deputy manager before any decisions were made for them to move into the service. People and their family members where appropriate were fully involved in this process. Following the initial assessment, care plans were developed to make sure staff knew how people wanted and needed to be supported. A range of care plans to address people's daily care and support needs were in place including; mood charts, rehabilitation timetables, addictive behaviours, communication, choices and decisions and personal care.

The people being supported at the service were living with mental health needs and needed support to understand their specific conditions. Staff had worked with people to identify triggers which may indicate a decline in their mental health. These were found in people's support plans, along with interventions for staff to try to support them. For example, the indicators of potential challenging, or distressed actions as a result of anxiety and how to manage these conditions. Another person had regular injections for their condition and staff would ensure these appointments were maintained and accompany the person where required.

Staff helped people with the help of healthcare professionals to develop these skills and encouraged people to reflect on their specific needs. The deputy manager told us, "We listen to people and what they want, but also encourage their own independence. It is not always easy but we do our best." Support plans were reviewed on a regular basis so staff had up to date guidance relating to people's specific needs and preferences. For example, one person's plans were in the process of being updated to support them with transitioning to a permanent placement at the service as they were currently staying there on a respite basis. We spoke to people to see if they were involved in planning their support. One person told us, "I know I have a care plan and they talk about it with me sometimes."

People were supported to maintain hobbies, interests and beliefs. Whilst we found there were no structured activity plans in place, people made their own choices each day about what they wished to do as this could change and was dependent sometimes on how they were feeling. We found people who could go out on their own spent time going out to the town or the local area, the seafront and spending time with friends and relatives. One person loved to cook, and told us they were supported with this, however would like more opportunities to participate in the shopping for food. Another person we saw had been included in the training staff attended such as fire training and health and safety. They had asked to do this so staff had accommodated the request. We discussed with the deputy manager further ways of constructively involving and empowering people with day to day matters and act as part of their on going development.

We found the provider had a process in place for people, relatives and visitors to complain. Everyone we spoke with said they felt they would be able to complain to staff or the registered manager. One person told us, "I don't complain but would if I wanted to." We saw complaints had been responded to by the registered manager, following the service complaints policy. The registered manager kept a record of all complaints, the action taken and a copy of investigations and responses made. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

We looked at systems in place that monitored the quality of the service provided to people. People were provided with a quality assurance questionnaire. This gave them the opportunity to tell the provider about their experience of using the service. We saw that comments received from these questionnaires were positive in relation to the service they received. The deputy manager said they routinely sat with people to find out if they were happy with the service they received, however this had not been documented.

The quality assurance systems we saw in place did not fully ensure that they met all of the requirements in relation to the regulated activities. Despite quality auditing systems being in place some shortfalls that have been highlighted in our inspection had not been identified. For example, we were told regular reviews and audits took place but we only saw evidence of these happening bi annually and most audits were last dated for January 2017. We found some had not taken place. For example, we saw no audits of care plans which would have highlighted that not all were up to date with regard to MCA and consent documentation. Recruitment records had also not been reviewed or audited to ensure the correct documentation was in place and staff had been recruited safely. An audit would have identified any trends in these records and have prompted action to be taken.

The deputy manager had a handwritten system that alerted them when staff required refresher training. This however had not ensured that staff maintained their skills in providing a safe and effective service. The deputy manager said that staff that had been trained in medication were the only staff to administer medicines and that observed medication practices had taken place, however this had not been documented. This would have ensured the safe handling of medicines and that people continued to receive their medicines as prescribed. Staff said they were supported in their role by the registered provider and received supervision, however we additionally noted this had not been completed regularly and that these had lapsed. The registered provider had not ensured that quality monitoring was effective in highlighting these shortfalls in the service.

We also recommended that the provider familiarise themselves with the current guidance available relating to registering the right support. As the quality regulator, and in accordance with our overall objectives under section 3 of the Health and Social Care Act 2008, we have a strategic role in encouraging the development of new and existing services for people with a learning disability and/or autism that comply with the 'Building the Right Support' guidance and other key national policy and good practice guidance. The provider at the time of this inspection told us they were not aware of this guidance.

We identified this as a breach of the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. – Governance

People were encouraged to have a say in how the home was run as they were able. The deputy manager said meetings were not routinely carried out with people who used the service, however daily discussions took place on a one to one basis as people were encouraged to raise concerns openly. One person told us that since they had come to the service temporarily but now wanted to stay. They had asked the service to

help them and the deputy manager told us they were currently looking at a permanent placement at the service for this person. This demonstrated that the provider listened to people and took action to ensure their needs were met. The deputy manager told us they maintained daily contact with the provider to discuss the service and any changes required to improve the service provided to people.

People and staff were aware of the management team. One staff member told us, "The manager is often in the service, they are supportive." We were told meetings were carried out with the staff team however these were not regularly held as the staff team was small and they spoke on a daily basis. A communication book was also used to communicate any issues and changes to the service that staff should be aware of.

The registered manager who was the provider said they had access to training to enable them to maintain and develop new skills. They also informed us of their aspiration to encourage people to pursue personal independence more activities and to access services within their community. Further discussions with the registered manager and deputy confirmed their awareness of when to send us a statutory notice in relation to incidents and events that have occurred in the service. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager had notified the Care Quality Commission and other statutory authorities of all significant events and notifiable incidents, in line with their legal responsibilities.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider has not always ensured that all people using the service, and those lawfully acting on their behalf, have given consent before any care or treatment is provided. The provider must ensure that they obtain the consent lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and/or treatment that they are asking consent for.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not ensure that persons employed at the service were recruited safely to ensure they were suitably qualified, competent and skilled to care for the people in the service. Also</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

The registered provider did not ensure that there were sufficient numbers of staff deployed to care for people at all times, and that all staff employed at the service received appropriate training of a sufficient standard to enable them to carry out their duties they were employed to perform.