Care Management Group Limited

Care Management Group - 62 Manor Green Road

Inspection report

62 Manor Green Road,
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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**

Overall summary

Care Management Group (CMG) 62 Manor Green Road is a home for up to five people with mental health needs and learning disabilities. At the time of our visit in October 2015 five people lived here.

Care and support are provided on one level. Communal areas include a large lounge and separate dining area. Extensive adaptations have been made to the home to meet people's needs, such as smooth flooring and wide corridors to aid with people's mobility. This has been done without losing the character and homely feel of the home.

The inspection took place on 28 October 2015 and was unannounced. At our previous inspection in August 2013 we had not identified any concerns at the home.

There was not currently a registered manager in post. The new manager had begun the application process to become registered with us in September 2015. A

Summary of findings

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

One person said, "It's a nice house, staff are nice, it's my home and I love it here." The staff were good at meeting the needs of the people that live here. There was positive feedback about the home and caring nature of staff from people and their relative's. Staff showed very good level of care and kindness to people during the inspection. The staff were seen to be very kind and caring to people and treated them with dignity and respect.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An assessment of people's ability to make decisions for themselves had been completed. The manager had these under review to ensure they were up to date and based on specific decisions, rather than general statements of a person's capacity. Staff were seen to seek peoples consent, and give good clear explanations about choices and decisions that needed to be made.

Where people's liberty may be restricted to keep them safe, the provider had not always followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Staff's understanding of their roles and responsibilities within the DoLS was good. Applications had not always been made where someone's freedom may be being restricted to keep them safe.

People were safe at CMG 62 Manor Green Road. The home had been well maintained and was clean and tidy. Regular maintenance and improvements were made to the building to ensure it met the needs of the people who live here. Adjustments had been made to the environment to better suit the needs of individuals, for example hand rails to support people's mobility.

There were enough staff to meet the needs of the people. An assessment of people's needs had been completed by the manager and staffing levels were set to match them. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home.

The training and induction processes for staff was good. One person said, " We have well qualified staff." Staff were up to date on their training, and their knowledge of people's medical conditions, as well as cultural needs was good. Staff had regular one to one meetings with their manager, and were able to discuss their performance, training needs, and any concerns they may have. Staff told us they felt very supported by the management, and they loved working here. One said, "The manager is good as he has encouraged me in my career. I have learnt a lot from him and the deputy."

Quality assurance processes had been effective at improving the home for the people who live here. Regular audits were completed around the home by staff and visiting senior managers. Items identified as requiring action had been completed within the timescales set by the provider. The manager had a clear plan for what was required to further improve the home.

People, their relatives, and staff had the opportunity to be involved in how the home was managed. Regular feedback was sought to check that the home was meeting people's needs. The feedback we received, or read, was positive about the staff and home.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

People received their medicines when they needed them. Staff managed medicines in a safe way and were trained in the safe administration of medicines. People understood what their medicines were for, so they could make an informed choice about whether to take them or not.

People had access to activities that met their needs. They had access to the local community and could attend a variety of activities and clubs. More individualised activity plans were being developed with people by the staff, so that people's interests could be supported.

People had enough to eat and drink, and received support from staff where a need had been identified.

Summary of findings

Specialist diets to meet medical, religious or cultural needs were provided. People were involved in what they ate, and they had a good variety and choice of food and drink.

People and relatives knew how to make a complaint. The complaint policy was in an easy to read format using pictures and clear language so people would be able to understand it. No formal complaints had been received since our last inspection.

We have identified one breach in the regulations. You can see what action we have asked the provider to take at the back of the full version of this 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?

Good

The service was safe.

There were enough staff to meet the needs of the people.

Potential risks of harm had been identified and people were kept safe because these risks well managed.

Staff understood their responsibilities around protecting people from harm. They were clear on their roles and responsibilities should they suspect abuse had taken place.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Requires improvement

The service was not always effective

Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were not always met.

People's rights under the Mental Capacity Act 2005 were met. Assessments of people's capacity to understand important decisions had been recorded. The manager was in the process of reviewing these to ensure they were in line with the Act.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that live here.

People had enough to eat and drink and had specialist diets where a need had been identified.

Is the service caring?

Good

The home provided a good level of care to people.

People told us the staff were caring and friendly. We saw some excellent interactions by staff with people, which showed staff cared and respected them.

Staff knew the people they cared for as individuals, and ensured people's choices were supported.

Staff took the time to give people information about their care so that they could make informed choices.

People's diverse needs were understood by staff, and they went out of their way to ensure these needs were supported.

Summary of findings

Is the service responsive?

Good 

The service was responsive to the needs of people.

Care plans were in place and gave detail about the support needs of people. People's involvement in their care planning was clear.

People had access to activities; these were being improved to be more individualised and meet the interests and need of people.

People knew how to make a complaint. There was a clear complaints procedure in place.

Is the service well-led?

Requires improvement 

The service had not always been well- led.

Care records were clear and completed fully, some needed to be updated.

The previous manager had not submitted notifications of incidents in accordance with the regulations. The new manager had identified the issue and put plans in place to correct this.

Quality assurance checks were effective at ensuring people received a good level of care.

People, their relatives and staff were involved in improving the home. Feedback was sought from people via an annual survey and meetings. Information received was used to improve the home.

People were complimentary about the friendliness of the staff. Staff felt supported and able to discuss any issues with the manager.

Care Management Group - 62 Manor Green Road

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.

This inspection took place on 28 October 2015 and was unannounced. The inspection team consisted of two inspectors, both of whom had experience in learning and physical disability care.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people living at the home and three members of staff, which included the manager. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in August 2013 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People lived in a safe home at Care Management Group (CMG) 62 Manor Green Road. One person said, “I feel safe here, because of the relaxed and friendly environment.”

The risk to people from their health and support needs had been assessed to help keep them safe. Assessments had been carried out in areas such as medicine management, personal care, finances, eating and dehydration. Where people had been on holiday assessments had been completed to minimise the risk of harm to people in a new environment. Measures had been put in place to reduce these risks. Risk assessments had been regularly reviewed to ensure that they continued to reflect people’s needs, and some had clearly involved the person, such as recording their comments of knowledge of how the risks were managed, and the person signing them. The management of risk did not restrict people’s choice and independence. The assessments were based around what the person could do, and the support needed from staff to achieve this. For example staff were heard to prompt people to use mobility aids when they moved around the home, but did not stop them if they chose not to use them.

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people who lived at the home. When people went out for activities the care of people who stayed at home was not affected. Agency staff had not needed to be used, but were available if needed. Planning to ensure there were enough staff to meet people’s needs was safe. People’s care needs had been assessed and a staffing level to meet those needs had been set by the provider. Levels of staff seen during the day of our inspection matched with the level identified by the provider as being required to meet people’s needs. Staffing rotas also confirmed that the appropriate number of staff had been in the home to support people for the previous month.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were involved in their medicines as much as they were able to be. One person had progressed from staff giving their medicine, to being able to manage their own medicines.

People’s medicines were managed and given safely. A person said, “I know what my medicines are for and I get them when I need them. I could also say no if I didn’t want to take them. Staff would explain to me why I should take them, but not force me.” They were also aware of some side effects, such as not being able to have alcohol, as this could react with their medicines. Staff that administered medicines to people received appropriate training, which was regularly updated. Their competency to give medicine safely was reviewed to ensure they followed best practice.

The ordering, storage, recording and disposal of medicines was safe. There were no gaps in the medicine administration records (MARs). So it was clear when people had been given their medicines. People had their medicines when they needed them. Where allergies to medicines had been identified clear plans were in place to protect people from harm.

People were protected from the risk of abuse. Staff understood their responsibilities in relation to safeguarding people. They were able to identify the correct safeguarding procedures should they suspect abuse, and that a referral to an agency, such as the local Adult Services Safeguarding Team should be made. Information was also made available to people and visitors about abuse and how to report it. Pictorial safeguarding information was on the noticeboard in the kitchen, and in the entrance hallway. This was easy to access and understand, should people wish to know what to do if they thought abuse was taking place.

People were kept safe from environmental hazards. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas assessed included fire safety, and health and safety risks (such as trip hazards around the home). Staff worked within the guidelines set out in these assessments. Equipment used to support people was regularly checked to make sure it was safe to use. Items such as fire safety equipment were regularly checked. People were kept safe because accidents and incidents were reviewed to minimise the risk of them happening again.

Good

Is the service safe?

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. These were in an easy to read format to make them more accessible to people. People's individual support needs in the event of an emergency had been identified. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety drills were regularly carried out to remind people what to do in the event of a fire. Records showed that people evacuated the home under the target time set by the provider. In the event of the home not being able to be used after an incident, clear guidelines and plans were in place to ensure people would have somewhere safe to stay.

Requires improvement

Is the service effective?

Our findings

People received a good level of effective care and support which promoted a good quality of life, however some requirements for improvement had been identified.

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.

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.

A process to gain people's consent to care and treatment was in place to ensure their rights and choices were respected. The manager explained that people were assumed to have capacity to make decisions for themselves unless something indicated otherwise. Where people could not make specific decisions for themselves, the processes to ensure decisions were made in their best interests met the requirements of the Mental Capacity Act 2005 (MCA).

The recording of these assessments was under review by the manager to ensure they had been completed fully, and general statements of capacity had not been made. Assessments of people's capacity had been completed and were generally based on a particular decision that the person had to make. Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They also explained how they would help someone to understand a decision, such as using pictures. During the inspection staff were seen to involve people in decision making and gaining consent before they undertook care or support.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). One person's freedom had been restricted to keep them safe; however, the provider had not made the necessary DoLS application to the relevant authorities to ensure that the person's liberty was being deprived in the least restrictive way possible.

Because the provider had not followed the requirements of the Mental Capacity Act 2005 where a person's liberty was restricted there was a **breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff had effective support to be able to meet people's needs. Staff told us they felt supported by the manager, and could approach them at any time. Staff had regular supervisions and annual appraisals. These were an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. New staff went through a thorough induction and their competency was checked at each stage of the process. A workbook was completed to record their progress. Training covered areas such as confidentiality, safeguarding, person centred care and equality and diversity. Specific training was given to meet the individual needs of people, such as epilepsy support, autism, and preventing and managing challenging behaviour.

People were supported by staff that had received appropriate and relevant training. One person said, "We have well qualified staff, so everyone is safe here." Staff undertook the provider's mandatory training, such as safeguarding, infection control, health and safety or first aid. Where training was due this had already been planned by the registered manager to take place.

People were supported to have a varied and nutritious diet to help maintain their health. When eating people looked to be enjoying the food. People had access to food to meet their personal preferences and cultural or religious needs if required. One person said, "The best thing here is the food. I get involved in the menu planning and the shopping for food." Another said, "I can have something to eat when I want, and I get enough to eat and drink here."

People had a good level of involvement in the menu planning and shopping and regularly had their favourite meals. There was a good range of food, as well as sandwiches and snacks. If people did not like what was on

Requires improvement

Is the service effective?

the menus an alternative was always provided. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received a good level of support from staff to maintain good health. One person said, "I have regular health checks and blood tests to make sure everything is okay." Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or dietician.

Records showed that people's health and mobility had improved due to the care and support of staff. Where people's needs had changed appropriate referrals were made to health care professionals. Staff had noticed that one person had shown discomfort when walking, and had made a referral to a chiropodist. Their mobility had improved as a result. Daily care records showed that where people had indicated they were unwell, staff had responded appropriately to meet that person's needs.

Good

Is the service caring?

Our findings

We had positive feedback from people about the caring nature of the staff. One person said, "I'm really happy living here." Another person said, "Everyone who lives here gets on well; we're all friends." A staff member told us they enjoyed the job as they could, "Reassure people and see them smile." The home had a relaxed and friendly atmosphere, with staff supporting people in a kind way, but not being intrusive. Staff told us they never felt rushed and were able to spend time with people.

People's independence was supported; however three people told us they wanted the opportunity to be more involved in certain aspects of their life. They would like to be more involved in making their own meals, but had been told by staff they could not, due to health and safety reasons. People were seen to make their own hot and cold drinks, and carry out tasks such as loading the dishwasher. One person said, "Staff help me with my washing and cleaning, but we don't do our own cooking due to health and safety." The manager was aware of the issue and said, "Since I have been here, staff have been working more on promoting people's independence and not just 'looking after people'. We are still working on this."

Staff displayed kind, caring behaviour and it was clear to see that people and staff enjoyed spending time together. During the day of our inspection we saw many positive and caring interactions. When people spoke, staff were seen to stop what they were doing and listen to them. For example one staff member was washing up. A person came and started a conversation with them. The staff member stopped washing up and turned to face the person so they could have a proper conversation. Another example was seen where a person crept up behind a staff member who was doing paperwork. This made the staff member jump, and ended up with them both laughing, with a nice verbal exchange which ended with a hug between the two. Staff communicated effectively with people, took the time be with them, and gave information in a manner people could understand.

Staff had a good understanding of protecting people's privacy and confidentiality. When the staff gave information about people they ensured that no one could overhear, and that doors were closed. People's rooms were respected as private to them, and staff asked people's permission before they went in. Care records, that held confidential information were stored safely so that unauthorised people could not see them, but were still accessible to staff, and the person if they wanted them.

People's dignity was respected by staff. Staff explained how they did this by ensuring people were covered when they were provided personal care and curtains and doors were closed. People were dressed appropriately for the day, and staff pointed out if a person's clothing had become dishevelled to protect their dignity.

People were supported by staff that knew them as individuals. Staff were able to tell us about people's backgrounds, their behaviours and how staff supported them. What we were told matched with the care records, and with what people told us, for example staff told us about someone's love of cycling and how they were in the process of buying a new bicycle.

People's rooms were personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff had an excellent understanding of those needs and people had access to services so they could practice their faith.

People were able to keep in contact with friends and relatives. One person said, "I go into Epsom to meet my friends in the market and have a chat." One person visited the home they used to live at to attend a barbeque and meet old friends and staff. Another person told us about getting a mobile phone so they could stay in contact with their friends.

Good

Is the service responsive?

Our findings

People were supported by staff that were responsive to their needs. Everyone told us they were happy living here. One person told us, "Staff help me when I need it." Another person described how they used to live upstairs in the house, but as their independence had improved they had now moved downstairs to a self-contained flat.

People's care and treatment was planned and delivered to reflect their individual care plan. Care plans were generally detailed and positively written. Care plans gave a good understanding of people as individuals, and did not just describe support needs and risks. People's interests, for example, gardening, cinema, and going to the pub, family connections and cultural or religious needs were all identified. When we spoke with people they confirmed the information was correct, and had been supported to follow these interests. They covered all aspect of a person's life, and it was obvious from reading them that people and their relatives had been involved.

People had named staff members who acted as a key worker for them. Care records recorded when key workers had carried out reviews. These involved the people and recorded how they had progressed against their goals. Such as people starting college for managing money, and people becoming more confident in social engagements. Not all of them had been reviewed in line with the provider policy. The manager was in the process of ensuring these were updated.

The care records were legible and overall up to date; there were some improvements that could be made. Some of the information was out of date, for example care plans from a person's previous home were at the front of their care file. All the information was recorded in large organised files, so information was easy to find for staff. People and relatives were involved in developing care and support plans, and in reviews of care.

Daily handovers were carried out by staff to ensure any important information or changes in relation to a person were shared amongst staff straight away.

People had access to a range of activities such as day centres, shopping and paid or voluntary employment. Information about local events and shows was on display in the kitchen, along with numbers for taxi services. People confirmed that they went out to the theatre and attended other local events. One person said, "I am thinking about going to see a play." Another person told us about their favourite activities such as cycling and walking. They were seen to be supported to do this during the day of our inspection. They also talked about how they were able to practice their religious faith. The manager and key workers were also looking at ways they could further improve the activities available around the home to be even more personalised.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. They contained detailed information about people's care needs, for example, in the management of the risks associated with people's mobility or dietary needs. The care plans contained detailed information about the delivery of care that the staff would need to provide.

People were supported by staff that would listen to and responded to complaints. People knew how to raise a concern or make a complaint, and told us the process had been brought to their attention by staff. One person said, "I know what to do if I am unhappy about something, and they generally do put things right." Where people had raised issues the manager had taken appropriate action. One person raised concerns with feeling they did not have enough access to their money. The manager investigated and identified the agency that managed the person's finances. The person was then supported to have easier access to their money, so they could buy the items they wanted.

There was a complaints policy in place. This was prominently displayed in the home. It was also in a format that most people who live here would be able to understand, as it used signs and pictures. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of senior managers within the organisation. These were up to date, so included the new manager, and a new senior member of staff that had recently joined the provider.

There had been no formal complaints received about the staff or home since our last inspection. The manager and staff had a good understanding of what to do should a complaint be received, to ensure that they addressed the

Good

Is the service responsive?

issue to the satisfaction of the complainant. The manager explained the information would be discussed during team meetings to see how the service could be improved, and to let all staff know about the issue.

Requires improvement

Is the service well-led?

Our findings

There was a positive and friendly culture within the home between the people that lived here, the staff and the registered manager.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. However we found that the previous registered manager had not reported in accordance with the regulations. They had alerted the lead agency, such as when a safeguarding incident was reported, but had not notified CQC. The manager reviewed information such as accidents and incidents to see that they had been managed correctly. However these had not always been submitted to the CQC when they should have been. They had also not been reviewed to check for patterns. This meant we would not know about certain incidents, so would not then check that appropriate action had been taken. The manager had already identified the issues and was taking action to correct it. Action taken by the manager included creating a file with all the relevant forms that need to be completed in the event of an accident or incident, along with clear guidelines for which authorities need to be notified.

Staff were positive about the working environment, and told us they felt supported by the management and able to feedback any issues they may have. The values of the organisation were clearly displayed for people and staff to see. Staff were seen to support people in accordance with the values, such as treating people with dignity and respect, and giving people the opportunity to achieve their goals. One staff member said, “The manager is good as he has encouraged me in my career. I have learnt a lot from him and the deputy.” Staff told us they were aware of the values of the home and that they were to encourage people to live fulfilling lives. Our observations throughout the inspection showed us they put this into practice.

Information was given to staff so they would know the structure of the organisation, and how they fit in with it. Information about a newly appointed senior manager had been displayed at the home so people and staff could see who they were, what their role was, and what experience they had.

The manager and senior management led by example, for example involving people in discussions, and continually looked for ways to improve the home for the people that lived here. The manager promoted a positive attitude and focussed on looking at how the home and staff could improve for the people that lived here. This resulted in staff having the same positive attitude and provided a good level of care.

Staff told us senior management had a good oversight of the running of the home and they responded to any concerns staff, or people may raise with them. Senior management visited the home regularly. People confirmed that they had the opportunity to meet with senior managers, and were given information about when they would be coming in so they could plan what they wanted to talk to them about. One person told as about the unannounced visits to the home by the Chief Executive, and how he took time to talk to them and ask them about their experiences. This would give him a good understanding of the atmosphere and working environment at the home, and of the people that lived here.

The quality assurance process was generally effective. It was used to identify areas and ways to further improve the care and support given to people. All aspects of the home had been regularly checked by the use of audits and where areas for improvement were identified the manager and provider took action to correct the issues. For examples an issue with slippery leaves on the patio and cleanliness of the shower curtain had been addressed in line with the action plan. Areas covered included infection control, health and safety of the environment, staff practice (such as use of protective equipment) and records.

The manager took action to improve the service. Audits had been carried out by outside agencies, such as the local pharmacist to check medicines management. Where actions for improvement had been identified the manager had taken action, such as minor improvements to recording medicines.

Records of care and the running of the home were kept. Records such as medicine administration records, water temperature checks, and daily care records were all completed fully and legibly. This enabled people to easily see if appropriate care and support had been provided to meet people’s needs.

People and staff were involved in how the service was run. Regular house and staff meetings were held to give

Requires improvement

Is the service well-led?

updates about the home and give attendees the opportunity to share ideas and suggestions. People told us that issues they raised had been actioned by the manager, such as supporting someone to buy a new dustbin, and explaining changes in policy, such as people having their medicines given in private. Staff meetings covered areas such as ensuring staff knew their roles, responsibilities, and team working so they had a clear understanding how to work to meet people's needs.

The manager had ensured that various groups of people were consulted for feedback to see if the service met people's needs. This was done annually by the use of a questionnaire. Forms completed by family members were generally positive about the care and support given. For example one relative wrote, "(The home) provides loving feeling and care for our family member in a family atmosphere within a well maintained home."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Need for Consent.** The registered provider had not acted in accordance with the Act where people lacked the capacity to give consent.