Care Quality Commission

Bridgewood Trust Limited

# Yews Hill / North Rise

## Inspection report

75 & 77 Yews Hill Road
Lockwood
Huddersfield
Tel: 01484 430329

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## Ratings

| Overall rating for this service | Good |
|---|---|
| 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? | Good |

## Overall summary

The inspection took place on 11 May 2015 and was unannounced.

Yews Hill/North Rise is a care home providing accommodation and support to people with a learning disability. The home is registered to provide accommodation and personal care for up to 17 people. Accommodation and support is provided in two houses situated on one site, next to each other. There were nine people living at Yews Hill and five people living at North Rise on the day of our inspection. Yews Hill/North Rise is part of the Bridgewood Trust; a charitable organisation which provides residential and day services to people with learning disabilities

There was a registered manager in place who had been registered since June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived their told us they felt safe. Relatives we spoke with also told us their relative was safe at Yews Hill/North Rise. Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse.

# Summary of findings

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Systems were in place to store and administer medicines safely.

Staff had received an induction, supervision, appraisal and role specific training. This ensured they had the knowledge skills to support the people who lived there.

We found a lack of capacity assessments in the care plans and a lack of recording of best interest's decision making. This meant that for those people unable to give consent because they lacked capacity to do so, the registered person had not acted in accordance with the 2005 Act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that although there were two authorisations for Deprivation of Liberty Safeguards (DoLS), consideration had not been given to other people whose liberty might be deprived. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat a good balanced diet and people enjoyed the food served at Yews Hill/North Rise.

Staff were caring and supported people in a way that maintained their dignity and privacy. People were supported to be as independent as possible throughout their daily lives.

People and their relatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation and needs changed.

The culture of the organisation was open and transparent. The registered manager knew the people who lived their well and how to support the people who lived there and the staff who supported them.

The registered provider had an overview of the service and audited and monitored the service to ensure the needs of the people were met and the service provided was to a high standard.

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

People felt safe living at Yews Hill/North Rise and relatives told us their family member was safe living there.

People had individual risk assessments in their support plans which ensured risks were minimised.

Medicines were stored and administered safely.

**Good**

**Is the service effective?**
The service was not always effective

People did not have assessments of capacity in place in accordance with the Mental Capacity Act 2005 and although there were two people with Deprivation of Liberty Safeguards in place, not all people had been considered for an application.

Staff had received specialist training to enable them to provide support to the people who lived at Yews Hill/North Rise.

People had good access to external health professionals as the need arose.

**Requires improvement**

**Is the service caring?**
The service was caring

Staff interactions with people were supportive, caring and enabling.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

**Good**

**Is the service responsive?**
The service was responsive.

Most people were supported to participate in activities both inside and outside of the home.

People and their relatives were involved in the development and the review of their support plans.

Relatives we spoke with knew how to complain and told us staff were always approachable.

**Good**

**Is the service well-led?**
The service was well led.

The culture was positive, person centred, open and inclusive.

**Good**

# Summary of findings

The registered provider had an effective system in place to assess and monitor the quality of service provided.

The registered manager was visible within the service and knew the needs of the people in the home.

Care Quality Commission

# Yews Hill / North Rise

**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 11 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to our inspection we reviewed all the information we held about the services. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in the dining area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time in the lounge area observing the care and support people received. We spoke with five people who used the service, and two relatives. We interviewed three members of staff including the registered manager, a support worker and a senior support worker. We also spoke with two independent mental capacity advocates (IMCA) on the telephone during our inspection and we spoke with a visiting community learning disability professional.

We looked at four care records and three personnel files. We also reviewed the records relating to the management of the service, maintenance records, staff training records and a selection of the home's audits.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe at Yews Hill. One person told us if they had a problem they would 'tell the office'. Three relatives of people who lived there told us they felt their relatives were safe. One family member said "I have never had any issues with safety. My (relative) always tells me everything good and bad, so I would know if there was a problem".

We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. One member of staff we spoke with described the types of abuse they might find in a care home such as financial, physical, and sexual abuse and gave us an example of a person they supported who had lashed out at another person they supported. They could tell us what they had done as a result of this incident to ensure the safety of the people who used the service. This showed us the home had robust procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

Staff told us they understood the whistleblowing procedure and would not hesitate to refer poor practice to managers and other relevant agencies if necessary.

We asked staff whether there were sufficient staff to meet the needs of the people who lived at Yews Hill/North Rise. One staff we spoke with said, "There are enough staff. We are well staffed at the moment. We don't use many agency staff". We asked the registered manager about staffing levels and how they worked out the staffing levels. They told us staffing levels were assessed on the dependency of the people who lived there and levels varied throughout the day with more staff on duty at the busiest times. These times were from late afternoon to evening and five care staff were on the rota at these times.

The registered manager told us they had a number of regular bank staff who had received training and had the knowledge and experience to be able to support the people who lived at Yews Hill. They told us they used agency staff only when they could not secure bank staff and used an agency that specialised in providing staff who were able to support people who lived with a learning disability and autism. The registered manager told us one person required 1:1 support and this was factored into the rotas. This showed us the registered provider had a system in place to ensure there were sufficient staff to meet the needs of the people who lived there and contingency arrangements were in place to respond to unexpected changes in staff availability.

The registered manager told us they had a generic risk assessment and specific risk assessments for each person who used the service. The senior support worker, the registered manager and the service manager all completed the risk assessments. We looked at two people's care files and saw that comprehensive risk assessments were in place for leaving the building, medication, choking, mobility and behaviour that challenges. We saw these assessments were reviewed regularly, signed and up to date. This showed us the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. They told us they recorded and reported all accidents and people's individual care records were updated as necessary. They told us that any bruises or injuries were put on a body map. We saw in two care files that incidents had been recorded on body charts. We also saw the registered provider had a system in place for analysing accidents and incidents to look for themes, which showed us they were keeping an overview of the safety in the home.

One person who used the service and one member of staff we spoke with had a good awareness of the procedure in the event of a fire. We saw that people who had their own bedroom door key had a fire key in a glass case on the outside of their doors in order to keep them safe in emergency situations. One service user said if there was a fire, "I would get out straight away." We spoke with one member of staff who was also the fire warden. They told us the procedure they would follow, who would be evacuated and what they needed to take to the evacuation point. This showed us the home had plans in place in the event of an emergency situation.

As part of our inspection we looked at how the service managed people's medicines. We saw people's medicines were stored safely. We reviewed a sample of three people's medicines and we could see the right medicines were administered to the right people. The time of

Good

# Is the service safe?

administration was typed into the medication administration record (MAR) chart. For example, morning medication was administered at 8.00 am. This did not tally with the time of administration we observed during our inspection. We pointed this out to the Registered Manager that they were signing that the medication was given at a certain time when this was not the case, and they were not manually recording the time given. They told us there was no impact on the people who used the service and they always checked with the prescriber whether it was essential medicines were administered at a specific time.

The registered manager told us ten staff had received training in administering medicines, and they checked staff competencies once a year and also undertook direct observations of staff. Four of the staff had recently undertaken a Qualifications and Credits Framework (QCF) in administering medicines. Most people who lived at Yews Hill/North Rise needed support to take medicines. However, one person who used the service managed their own medicines and said, “I keep my tablets in a locked drawer. Staff watch me take them”. This showed us medicines were administered safely by staff with the knowledge and skills to administer medicines according to the needs of the people who lived there.

We looked at the recruitment records for three members of staff. We found they all contained the necessary checks and references to ensure people who used the service were safeguarded from harm or abuse and supported by staff with the necessary skills, knowledge and experience. We found that the Disclosure and Barring Service (DBS) had been contacted before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

We observed a lack of liquid soap in one of the communal bathrooms and two of the bedrooms. We pointed out the lack of liquid soap to the registered manager who was escorting us on a tour of the building. They told us they would ensure soap was in place, but this had been removed as one person who used the service had a tendency to throw the soap out of the window. However, there was soap in all the other communal bathrooms. We also noted that one of the taps in a communal toilet had to be held down to enable a flow of water, which meant that you could not follow the hand washing protocol. The registered manager agreed to refer this to the handyman to be resolved immediately. This would ensure safe hand washing practices could be maintained and would reduce the risk of infections spreading between people who used services and their care staff.

Requires improvement

# Is the service effective?

## Our findings

We looked to see how new members of staff were supported in their role and found they had received an induction. The registered manager told us all new staff had a four week induction and spent time at head office on their first day of employment. We could see a comprehensive induction checklist was in place, which started on the first day of work and was completed at the end of week four and covered all aspects of the role and environment. One member of staff we spoke with said they had received a thorough induction when they started work at the home and this initial training was updated regularly.

Staff told us they had an annual appraisal and supervision every two months with the senior staff or with the registered manager. We looked at three recent supervision records and saw they contained information to support staff development and training. Staff discussed issues raised from previous supervision, people using the service, staffing issues, training and development and how they had put learning into practice. One member of staff told us they had plenty of opportunities for regular training and they felt very well supported in their role of caring for people. They said they received regular supervision from their line manager. "I feel supported. I have one to one's and appraisals. They are sticklers for training here."

We asked staff whether they had received any specialist training to support the people who lived there. One member of staff told us they had received Makaton training to be able to communicate with people who used this method of communication. 'See Me and Care' training was also planned. This training focused on dignity issues and how the person wanted to be supported. One member of staff we spoke with said they had received training in de-escalation techniques and could also explain how to work with a service user whose behaviour challenged, which was in line with the person's risk assessment and care plan.

We found that all staff had received training in safeguarding of vulnerable adults. One of the senior carers told us this was discussed at all staff meetings to ensure that staff had embedded the learning.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We were told that two people were subject to deprivation of liberty authorisations following a recommendation from their psychiatrist. We looked at these people's care plans to ensure that they contained all the relevant assessment information including how to ensure any deprivation was minimised and a review date. The assessments and care plans which had been compiled by the local authority were all detailed and in order.

We spoke with two Independent Mental Capacity Advocates during our inspection who told us they felt the people who used the service were supported in a safe, non-restrictive way and that the staff were very knowledgeable about the person they supported. One advocate said, "I spoke to the person that was supporting (my person) and they knew about Cheshire West. They seem to know the DoLS system and be switched on about it."

Staff told us that Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were included in safeguarding training but there was no specific MCA training and although some of the staff we spoke with had a good understanding of mental capacity, not all staff we spoke with nor the registered manager had a detailed knowledge about the Supreme Court judgement or the requirement to apply the acid test to determine who might be deprived of their liberty. A visiting community learning disability professional offered the registered manager support in determining who might potentially have their liberty deprived

We observed people during our inspection who might be deprived of their liberty. One member of staff told us about one person who used the service, who had no speech and who regularly packed their bags to leave. They told us this person had to be accompanied at all times whilst out of the building. This member of staff was not aware that a mental capacity assessment or DoLS authorisation should be considered. This also meant the care home may not be compliant with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.. The lack of consideration of the Deprivation of Liberty Safeguards was

Requires improvement

# Is the service effective?

a failure to comply with the requirements of the Mental Capacity Act 2005 and was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no mental capacity assessments or best interest decisions in the care files we looked at and information in the risk assessments indicated that people may lack capacity to make important decisions in some areas. For example, in the care file for one of the people with a DoLS in place there was no capacity assessment or best interest decision around taking medication. Yet, the risk assessment had stated they did not have awareness of the need to take medication.

We found in each care plan there was a tick box to confirm whether consent had been obtained. For example, the form stated Consent to care given? Response: 'Yes'. How? Response: 'Verbal'. The records lacked detail as to what the person was consenting to. We asked staff what would be recorded for those people who lacked capacity and we were told staff did not record in this level of detail. All our observations of staff practice and in our discussions with staff would indicate that staff acted in the best interests of people who lived there, however this was not evidenced in the daily records.

This meant that for those people unable to give consent because they lacked capacity to do so, the registered person had not acted in accordance with the 2005 Act. This was a breach of regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the advocates said that the person who used the service, could be 'quite challenging', but there have been no incidents lately. They said, "It is nice to go somewhere where the staff are so positive and always share lots of information. " They told us the person they supported was encouraged to do what they could for themselves and they could go out. They had a very busy life, seemed happy there and there was nothing concerning.

The registered manager told us they did not use restraint at the service and staff had received training in how to de-escalate difficult situations. This meant that people's liberty was not restricted by restraint.

The registered manager told us people who lived there were supported to eat a good balanced diet. They had plenty of fruit on offer, vegetables and granary bread. They told us the cook spent time with individuals to devise a menu which suited individual preferences and likes. When the cook was not available, support staff prepared the meals. Where people had more complex needs around feeding, specialist assessments has been obtained. For example, a swallowing assessment had been completed by a speech and language therapist for a person who needed a soft diet, including advice about suitable foods. We observed this person was supported to eat at lunch time and that the carer spoke with the person during their meal in a caring and supportive way. This person was encouraged to eat and offered a drink with their meal. We saw evidence in care files that the weight and fluid intake of people who used the service was monitored and any concerns were referred to the GP.

People who lived at Yews Hill/North Rise were supported to access healthcare. We saw in two care files that dental, optician and chiropody and other health appointments were regularly arranged for people who used the service and followed up.

Most of the people who lived at Yews Hill/North Rise were fully mobile. One person used a wheelchair to mobilise. The property was a purpose built unit, but did not conform to the most up to date accessibility standards. There was a small step up shower cubicle in the downstairs bathroom and a high step shower cubicle in the upstairs bathroom. There was no wheelchair accessible shower in Yews Hill. The person who used a wheelchair for mobility preferred to bath and bathed daily. However, had they preferred a shower, this would not have been an option open to them. We raised this with the registered manager as a potential problem in the future, if they accommodated a person who required level access showering facilities There was an adapted bath in the second downstairs bathroom and a standard bath in the second upstairs bathroom. Direct wheelchair access from the patio doors was not available, and access to the garden area was provided from the front door and around the side of the building. The registered manager shared with us they would like to make the garden area more accessible, but they are limited by the steep banking.

Good

# Is the service caring?

## Our findings

The registered manager told us that staff at Yews Hill/North Rise were caring. They told us "They are a good team. They always put the clients first and their needs and wishes. They treat everyone as an individual".

We asked staff how the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. One member of staff told us "" a lot of our service users let you know exactly what they want. They might tell you whilst others will communicate in different ways.""

In two of the care files we reviewed, there was information about how to maintain people's private time in their bedrooms and how to ensure their privacy and dignity was respected when preparing for the day. We observed some people who used the service had their own bedroom door key in order to lock their bedroom door if they wished to do so.

One person who used the service said, "I have a mobile so that I can have a private chat with my mum." One advocate we spoke with said, "They always treat (person) with dignity and respect. I think (person) is supported very well".

One person who used the service said, ""I think my key worker does a very good job. She keeps buying me word search books and new bedding.""

During our inspection we observed staff speaking to people in a kind and caring way and treated people with respect. Staff knocked and asked permission before entering bedrooms. We observed the staff approach towards one person who used the service who returned to the lounge in a state of undress after tea. Staff responded immediately to protect the person's dignity. We saw that people's clothing was named and was in the correct bedrooms.

We saw the registered manager spoke with people who used the service in a kind and caring way. They asked one service user how and when they wanted to take their medication and discussed whether they wanted to see the aromatherapist the following day. They interacted with another person who uses the service and initiated conversation.

We asked staff how they supported people who used the service to remain as independent as possible in activities of daily living. One member of staff told us they tried to encourage people to do as much as they could for themselves. For example when supporting a person with personal care. They said "Some people just want you to wash them, but you need to encourage them to do what they can do themselves. I try to encourage some of the people I support to come shopping, if they want something". This showed us the home had an enabling ethos which tried to encourage and promote peoples independence.

The registered manager told us that end of life care planning had been discussed with people who lived at Yews Hill. People had chosen which hymns they wanted, where they would like to be buried and what they would like to do with their possessions. Where people could not communicate their wishes, this had been discussed with their families. This was recorded in people's care plans. The registered manager told us that no one at Yews Hill had a Do Not Attempt Resuscitation (DNACPR) form in place.

Good

# Is the service responsive?

## Our findings

People who lived at Yews Hill/North Rise who were able to communicate verbally told us they liked the activities on offer.. One person who used the service said, “I’m going out for a pizza for my birthday.” Another said “I like bowling, craft and drama at Bridgewood craft centre.”

We saw evidence of a full range of activities for people listed on the notice board in the office and in each person’s support plan. Staff told us that people who used the service were supported to maintain contact with family and friends. The registered manager told us people are supported to socialise with their peers and were enabled to bring their friends to Yews Hill/North Rise for tea, ‘as it was their home’. The relatives we spoke with all told us their relations had plenty of activities to do whilst at Yews Hill/North Rise. One relative told us their relation “”had a good life””. They said, “”They go out so regularly. They get invited to lots of things. They have parties to celebrate birthdays””. One person we spoke with told us they enjoyed being able to have friends for tea.

Five people were at Yews Hill/North Rise during the day of our inspection with others at day care or at work. One person spent the day colouring in a book from choice and another person completed a jigsaw puzzle, but activities for these people were limited on the day. We did discuss this with the registered manager who acknowledged that our presence had affected the activities that were carried out on the day as the registered manager undertook a supporting role in addition to a management role within the service.

The staff we spoke with had a good awareness of the support needs and preferences of the people who used the service. We found care plans were person centred and explained how people liked to be supported. Plans were in place to support people who used the service if they were unable to communicate their preferences . During our inspection we observed one member of staff making good eye contact with two service users when speaking with them and used Makaton sign language to communicate with a person who did not communicate verbally.

We saw people had been involved in planning their care wherever possible. Where this was not possible family and other relevant health and social care professionals had been involved. We saw evidence of multi disciplinary reviews of support provided. The community learning disability team were working with some of the people who lived at Yews Hill/North Rise and the staff to ensure people were supported in a way that considered their sensory needs particularly for those individuals living with autism.

We were told by the registered manager there were formal six and twelve month reviews but reviews often happened more frequently, as soon as there was a change in need. Relatives we spoke with all told us they had been involved in the reviews of their relation’s needs and told us they felt involved by the staff at Yews Hill/North Rise and senior management.

We saw that records were kept monitoring people’s weight, food and fluid intake, sleep, bathing, concerns, mood and activities. Care plans included information about the preferences of the people who used the service. One entry stated. ‘Staff bring my post to me unopened. I like staff to read it to me even though I can read myself.”

We asked the registered manager how people were supported to make choices in their everyday lives. They told us staff knew people well and what they liked, but they always supported people to have choices in their everyday life. They said “Choice is offered from things they would like to wear, what they like to do during the day and where they wanted to go. Bedrooms were all decorated to the wishes of the people who lived there”. If they required new bedding, they would get a sample book to choose from or they would go to the shops to get their own. One person who used the service told us they had been helped to choose the pictures on their bedroom walls. Another said, “I don’t lock my bedroom door at night, but I could if I wanted to.”

During our inspection we observed people who used the service were given a choice of lunch in a way they could understand. Food shopping was adjusted to suit the tastes of people who used the service, for example, one person who uses the service was given onion bahjis with their lunch as they liked spicy food. The person was encouraged to feed themselves and given a choice of extra food. They also chose to eat in the lounge, rather than the dining room. One relative we spoke with told us their relation did not like spicy food and was always given another choice if spicy food was on the menu.

The registered manager told us there had been no recent complaints. Complaints were analysed by head office and

Good

# Is the service responsive?

any lessons learnt were put into practice. The relatives we spoke with all knew who to contact if they had any concerns. This showed us there was a system in place and people knew who to contact if they had any complaint about the service.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who had been registered since June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Previous to this post the registered manager had worked at Yews Hill as a senior carer. They told us their vision was to provide a friendly and homely environment for people who lived there. They wanted to grow and evolve the service to ensure they continued to meet people's needs. The registered manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an indepth knowledge of the needs and preferences of the people they supported.

Relatives we spoke with praised the registered manager and one person told us the registered manager was 'thorough, very good and very impartial'. Staff were all positive about the registered manager and told us the home was well led. They told us the team was very friendly and all staff were approachable. They felt they were part of the lives of the people who lived there and were responsible for helping them to have a good life, a better life. One member of staff told us there had been a lot of new members of staff in a short period of time, a new manager and two new seniors which was daunting at first but said "It is great now everyone is singing off the same hymn sheet". They described the culture of the home as open and transparent and emphasised to us how much they enjoyed working there. One member of staff said, "Everyone is happy here. I don't know of any complaints." Another said, "It's a nice place to work. Yes, the manager would act on any issues."

The registered manager held a team meeting every month. We asked how they ensured communication to those staff who could not attend the team meeting. They told us they asked staff to read the meeting minutes and if there was any specific information they would be given that verbally. They held a residents' meeting every three months, but they did not have a relatives' meeting. The registered manager told us this was because relatives usually contributed to people's individual review meetings. They told us questionnaires were sent out to relatives and residents but the results of these questionnaires had not been filtered down to home level, so the registered manager was unable to provide us with this information on the day of our inspection.

We looked at the Bridgewood Trust management review meeting minutes from February 2015. The meeting included a review of accidents and incidents and any themes developing. They also looked at training analysis, complaints and service user feedback. These minutes demonstrated that the senior management of the organisation were reviewing systems and processes to drive up quality in the organisation.

The registered manager kept a record of the hours per week provided from agency and bank staff for the registered provider. They also completed a monthly report to enable senior management to have an overview of the service provided. This included information on the registered manager's observation records, 'life book' entries, resident's reports, events, activities, staffing, visits and meetings. This report also included information about maintenance and safety checks, which were all up to date. This showed us the service had effective systems in place to monitor the quality of care provided to ensure the smooth running of the service.

In addition to reviewing the last two registered manager reports we also reviewed the registered manager's audits. Medication audits were carried out once a week. Paperwork, fridge temperature, petty cash and finance audits were done daily. The registered manager did not have access to a computer or the internet at Yews Hill and any records that needed typing had to be sent to Head Office. Any training and research had to be done on the member of staffs home computers. Although the registered manager told us this was not a problem, in addition to access to information and research on site, Internet access might be considered to be of benefit to the people who lived there.

The registered provider and registered manager made sure all equipment was safe and serviced, or replaced regularly, which showed us they had a system in place to manage risks related to equipment.

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 | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>Consent was not sought in line with the Mental Capacity Act 2005 |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The registered provider had not acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. |

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.