Gerald William Butcher

# Earlfield Lodge

**Inspection report**

25-31 Trewartha Park
Weston Super Mare
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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? | Good |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

The inspection took place on 8 June 2015 and was unannounced. Earfield Lodge is a care home providing accommodation for up to 65 older people some of whom are living with dementia. During our inspection there were 57 people living at the home. The home is a large detached house situated in a residential area of Weston Super Mare and is set out into four separate units called Buttercup, Bluebell, Lilly and Bluebell Cottage. Buttercup and Lilly units provide residential care to older people, Bluebell and Bluebell Cottage provide care to older people who are living with dementia.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

There were areas of the home requiring maintenance and repair. The care manager told us there were plans to improve the environment in Buttercup unit to make it more dementia friendly. They had plans to adopt a similar approach to the Bluebell unit, where they had adapted the environment to meet the needs of people living with dementia.

# Summary of findings

During our visit there was a strong odour present in Buttercup unit. The cleaners told us they were busy covering breakfast duties as well as completing domestic tasks. The Department of Health's Code of Practice on the prevention and control of infections and related guidance was not being followed at the time of our inspection.

People and their relatives told us they felt safe at Earlfield Lodge. One person told us "I feel quite safe here, there are always staff around and I can talk to them if I feel troubled" and another person said "I feel safe because staff treat me well and look after me". A relative told us "I have no worries about safety". Systems were in place to protect people from harm and abuse and staff knew how to follow them.

People's medicines were administered safely. The service had appropriate systems in place to ensure medicines were stored correctly and securely. People received their medicines when they needed them. One person told us "Staff bring me my tablets four times a day, they know what they are doing".

Relatives thought staff were busy but there were enough staff available to meet people's needs. Staff thought there were enough staff available as long as no staff were off sick. Staff appeared busy at times on Buttercup unit; however they were able to attend to people's needs.

There were recruitment procedures in place to ensure only suitable staff were employed by the organisation to work with vulnerable people. Staff received appropriate training to understand their role and to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff told us they felt supported by the senior staff and managers.

We found people's rights were not fully protected as the manager had not followed correct procedures where people lacked capacity to make decisions for themselves. Where decisions were made for people the principles of the Mental Capacity Act 2005 were not always followed. Mental capacity assessments were not completed and where decisions had been made there was no evidence it was in the person's best interest.

Most people were happy with the food provided; one person told us "Meals are good and adequate, I get enough to eat and plenty of drinks in between". Other comments included "Food's not bad". People and their relatives thought there was enough food and drink available. Drinks and snacks were available throughout the day.

People and their relatives were happy with the care they or their relative received at Earlfield Lodge. One person told us "The staff are very kind and we are well looked after" and a relative told us "I think staff attitude is good and they are very patient and kind, my relative is obviously fond of them".

People's needs were set out in individual care plans and people's told us their care needs were being met. People's relatives told us they were involved in planning their family member's care and staff listened to them and took notice of their wishes. People's care plans did not always reflect an accurate level of staff support required. However, the staff we spoke with were able to describe and demonstrate knowledge of people's individual needs. The plans were regularly reviewed by staff and there was evidence this was discussed with the person.

People and their relatives were confident they could raise concerns or complaints which would be listened to. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

The registered manager had systems in place to monitor the quality of the service provided, however we found these systems were not effective and they did not always identify shortfalls in the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We have made recommendations about the provider having effective sytems in place to monitor and manage infection control and developing effective auditing systems.

# 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?**

**Requires improvement**

The service was not safe.

Effective systems were not in place to monitor and reduce the risk of infection control.

Recruitment procedures were in place to ensure people with the right experience and character were employed by the service.

The provider had systems in place to ensure that medicines were administered and disposed of safely. Medicines were stored securely and accurate records were kept.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the senior staff and care manager.

Risks to people's safety such as falls had been appropriately identified. Assessments included relevant information for staff to support people safely.

There were enough staff available to meet people's needs.

**Is the service effective?**

**Requires improvement**

The service was not effective

Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff received one to one supervision and appraisal to discuss their concerns and development needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services. People were supported to eat and drink enough to meet their needs.

**Is the service caring?**

**Good**

The service was caring.

People and their relatives spoke positively about staff and the care they received. Staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed relationships.

# Summary of findings

**Is the service responsive?**

**Requires improvement**

The service was not responsive.

People had a care plan that described their needs. Care plans did not always reflect an accurate level of the staff support required.

There was a system in place to manage complaints. Relatives told us they knew how to raise any concerns or complaints and were confident they would be taken seriously.

There was a system in place to collate and review feedback from people and their relatives.

**Is the service well-led?**

**Requires improvement**

The provider had systems in place to monitor the quality of the service. The systems did not identify where there were shortfalls in the service.

Staff felt the registered manager and care manager were approachable and they held staff meetings to cascade information and enable staff to discuss concerns.

The home had adopted national guidance, for example, the Dementia Care Matters approach to supporting people and had plans to develop this throughout the home.

# Earlfield Lodge

**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 8 June 2015 and was unannounced.

The inspection was completed by two inspectors, two specialist advisors (a registered nurse and a pharmacist) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with 19 people and two relatives about their views on the quality of the care and support provided. We also spoke with the registered manager, deputy manager and 13 staff including the administrator, chef, the head housekeeper and two of the cleaners. Some people were unable to tell us their experiences of living at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for eight people. We looked at records about the management of the service. We also spoke with two visiting health professionals during our visit

Requires improvement

# Is the service safe?

## Our findings

During our inspection we noticed there was a strong offensive odour in one area of the Buttercup unit throughout the day. We spoke with the cleaner who told us they were not sure where the odour was coming from. The head housekeeper told us the area had been thoroughly cleaned a week ago. There were no schedules in place detailing when or how often areas of the home should be cleaned. The cleaners also provided support with breakfasts in the mornings which they felt impacted on their ability to complete cleaning tasks. On the day of our inspection, the cleaning staff team were three staff short due to sickness and annual leave, which meant they were only able to do the "basics", such as cleaning the bathrooms and toilets. The care manager was aware of the odour and had made attempts to reduce this by renewing pieces of furniture and ensuring the carpets were cleaned thoroughly. The care manager told us this had been discussed in a staff meeting they were looking into options with the staff team to resolve this.

The care manager and registered manager were not carrying out infection control audits within the home. There was an infection control policy; however it did not reflect the Department of Health's Code of Practice on the prevention and control of infections and related guidance. There were no strategy plans in place to assess and reduce the risk of infection. One of the toilets in Buttercup unit did not have any hand wash available; there was only antibacterial hand gel available. Staff had access to and were using appropriate personal protective equipment (PPE). The care manager told us they would ensure an infection control audit and cleaning schedule would be implemented.

**We recommend that the provider reviews their infection control systems in line with The Departments of Health's Code of Practice on the prevention and control of infection.**

Areas of the home required maintenance. For example, the two toilets on the ground floor of Buttercup unit were in need of updating. The paint was chipped off of the skirting boards and the flooring was not sealed around the edges. This meant robust cleaning of these areas could not be effectively undertaken and people were at increased risk of being exposed to infection.

We discussed this with the care manager who told us Buttercup unit had a refurbishment plan in place, this included restoring or removing the toilets which would be completed by the end of the year.

Two relatives told us they were not involved in decision making related to the risks associated with their family member's care. However, we saw evidence of this being discussed with other relatives as part of people's reviews. The staff we spoke with demonstrated a good understanding of people's needs in relation to their risk assessment and current level of need. The deputy manager told us the assessments were reviewed and updated every one to two months or as people's needs changed. Records confirmed this.

Staff reported incidents to the senior in charge. Incidents and accidents were recorded and a review of falls had been regularly undertaken.

People and their relatives told us they felt safe at Earlfield Lodge. One person told us "I feel much safer here than when I was living on my own, I know that if I have a fall there will be someone around to help me" and another said "I feel safe because staff treat me well and look after me". A relative told us "I have no worries about safety" and another said "I have no worries when I'm not here".

Staff had received safeguarding training, confirmed by training records. Staff were aware of the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people's behaviour. One staff member told us "It's a matter of knowing people well". They told us this would be reported to the senior in charge or manager and staff were confident it would be dealt with appropriately. One staff member told us "We hand it over to the seniors and they phone the safeguarding team". Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Earlfield Lodge if they felt they were not being dealt with.

We observed two senior carers administering medicines to people, during our observation both of the senior carers were disturbed by carers. The senior carer had no visible marker to signify they were taking part in a medicines round and should not be disturbed. This increased the risk of the senior carer making an error whilst administering

Requires improvement

# Is the service safe?

medicines. We discussed this with the registered manager who told us they would ensure seniors would wear a visible marker during medicines rounds to ensure they were not disturbed.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. One person told us "Staff bring me my tablets four times a day, they know what they are doing and I just take them" and another said "I get given the medication that I need when I need it". A medicines administration record had been completed, which gave details of the medicines people had been supported to take. Medicine records held information on how the person liked to take their medicines. We observed the senior staff explained to the person what the medicine was for and asking them how they would like to take it.

People and their relatives felt there were enough staff to meet people's needs. One person told us "The staff are quite busy but they will chat" and another person said "Staffing is quite reasonable, they come within 10 minutes, they work hard and never stop". A relative told us "The staff are busy, but they have the time to chat".

Staff felt there were enough staff available as long as nobody phoned in sick. Some shifts were busier than others and the senior staff helped out on shift in these instances. Staff appeared busy on Buttercup unit; however they were able to attend to people's needs. The deputy manager told us if the home was short of staff due to sickness they would help out and provide cover. Staff also worked extra hours to cover where required. Core staffing levels were set according to the dependency levels of the people who used the service. Staffing levels would change in response to the changing needs of people who use the service. The deputy manager told us staff reported any change in need to the office manager who would then arrange for additional staffing.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. Staff told us they were not able to work with people until the appropriate pre-employment checks had been undertaken. Staff files showed the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people.

Requires improvement

# Is the service effective?

## Our findings

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

People's rights were not fully protected because the correct procedures had not been followed where people lacked capacity to make decisions for themselves. People had decisions made about them without any evidence of it being in the person's best interest. For example, one person had a movement sensor at the side of their bed to detect their movement which alerted staff. The deputy manager told us this was in place to protect the person and they did not have capacity to understand why it was there. The care manager had not completed a capacity assessment for this or demonstrated it was in the person's best interest. Relatives were also signing consent forms on behalf of people where they did not have the legal right to do so. This meant people were at risk of receiving care and treatment which was not in their best interests. We spoke with the manager who told us they would review their processes for assessing people's capacity in line with the Mental Capacity Act 2005.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there were six authorisations to restrict a person's liberty under DoLS and the provider was acting within the terms of the authorisations. The manager was in the process of completing further applications to the local authority where required. Staff had a good knowledge of how the DoLS worked.

People were mostly happy with the food provided. One person told us "Food is good" and another said "Not a big choice but I always find something I like". People and their relatives told us there was enough food and drink available throughout the day. One person told us "Not bad food, we get three meals a day and can choose what we want, night staff will make me a sandwich if I am hungry" and another said "Meals are good and adequate, I get enough to eat and plenty of drinks in between".

There were two hot meal options on the menu daily, and staff showed people both meals in order for them to choose what they would like. If people did not want what was on the menu an alternative would be made at their request. The chef was aware of people's likes and dislikes and had a list of people's dietary needs. If a person refused a meal they would be offered a range of snacks as an alternative. Mealtimes were not rushed, staff sat with people on the same level whilst supporting them and the pace of the meal was dictated by the person and their needs. Drinks and snacks were offered throughout the day and people had jugs of water available in their rooms. One person was served a glass of red wine with their meal as this had been part of their daily routine at home.

People who were at risk of malnutrition were regularly assessed and monitored by staff and the chef had access to information where people had lost weight in order to provide more calorific diet to meet their needs.

People had access to appropriate external health professionals. People told us they could request an appointment to see a doctor when required and they were driven there by the registered manager. One person told us staff had accompanied them when they needed to be admitted to hospital. People were supported to see their GP, dentist, the district nurse and occupational therapist where required.

Relatives told us staff were trained and capable of meeting their family members care and support needs. One commented "They have selected the most wonderful staff, they are trained well". Staff were aware of their roles and responsibilities and were made aware of this through induction, training and staff meetings.

Staff told us they had received a range of training to meet people's needs and to keep them safe, they described the training as "Good". Staff had attended additional training to enable them to meets people's specific care and support needs. For example, they had received dementia training and explained to us how this had changed their approach to supporting people. One staff member told us the training had been an "Eye opener" and had given them the knowledge to support people with dementia. Staff received

Requires improvement

# Is the service effective?

an induction when they joined the service and this included a period of shadowing experienced staff and looking through records. Staff said this could be extended if they needed more time to feel confident when supporting people. The deputy manager told us they were getting staff to complete an induction pack that linked into the national Care Certificate. This certificate is an identified set of standards which health and social care workers adhere to in their daily working life. Some of the newly employed staff had only received a basic induction and they would also be receiving this more in depth training.

Staff told us they received one to one supervision to receive support and guidance about their work. One staff member told us "We do get supervision, I have had three since I started, we also had an appraisal, they sit down and ask you about aspects of the job". Other comments include "The supervision is practical, they observe you and can then and tell you things. The seniors often work on the floor with you" and "The support is really good".

The environment in Bluebell unit had been adapted and designed to meet the needs of people living with dementia. For example, people's bedrooms and the bathrooms were well signed for easy identification. The décor and lighting were bright and areas had been adapted with colours and materials to meet the needs of the people who lived there which enhance their memory.

Good

# Is the service caring?

## Our findings

People and their relatives told us they were treated well and staff were caring. One person told us "This is my home, we looked at others before I came and we have chosen the best, staff are very kind and we are well looked after". Other comments included "This is a wonderful home, they are looking after me so well, I could not be anywhere better" and "Very nice staff, kind and very respectful". Comments from relatives included "They look after my loved one well, they are very caring" and "I think staff attitude is good and they are very patient and kind, my relative is fond of them". One person told us when they had felt ill at night a member of staff had sat on their bed and held their hand to comfort them.

Staff offered reassurance to people whilst they were providing support and people appeared relaxed in staff presence. Staff supported a person to use a hoist to transfer from their wheelchair to the lounge chair. This was completed calmly and efficiently with staff giving clear information to the person on each stage of the procedure before carrying it out, whilst reassuring them. Staff also sat with a person who appeared anxious, reassuring them in a caring and compassionate manner. Staff used terms of endearment appropriately and people responded to this positively.

People told us staff knew them well, one person commented "They are friendly and know me well, they are understanding and reassuring". Relatives told us staff were friendly and approachable and they were always kept up to date with any changes to their family members care needs. Staff told us they spent time getting to know people and recognised the importance of developing trusting relationships. One staff member said "I chat to people about themselves and try to create a relaxed atmosphere". Another staff member described what was important to a person for example, the type of music a person liked, their favourite movie and the important relationship they had with their family member.

People's bedrooms were personalised and contained their pictures and ornaments. One person told us "I only have a small room but they are finding me another" they had been in the home for four months. Other comments included "I have a lovely bedroom, it is efficiently cleaned every day" and "I have a lovely bedroom and bathroom".

People told us they were treated with dignity and respect, one person said "The staff are respectful and treat me with dignity". Staff described how they ensured people had privacy and how people's modesty was protected when providing personal care. For example, closing doors and curtains and explaining to the person what they were doing. We saw staff knocked on people's bedroom doors and waited for a response before entering.

Relatives told us they could visit when they wanted to, there were no restrictions and they were made to feel welcome. One relative told us "I can and do visit at any time" and another said "I visit every other day and at different times other relative's visit".

Requires improvement

# Is the service responsive?

## Our findings

People's needs were set out in individual care plans and people told us their care needs were being met. Relatives told us they were involved in planning their family member's care and staff listened to them and took notice of their wishes. People and their relatives were involved in reviews of their care. However, the care plans did not always reflect an accurate level of the staff support required. For example, one person's care plan did not accurately record the extent to which a person managed their long term condition independently. This meant staff were not monitoring the condition as specified in the care plan. Another person's care plan stated they required three staff to support during personal care as they could be resistant to support. The care plan indicated restraint could be used as part of the intervention. We spoke with staff who told us this was not an accurate record of how the person's care was provided and the person was now accepting staff support. We spoke with the care manager who told us they would ensure people's care plans would be reviewed and updated to reflect their current level of need. Staff were able to describe and demonstrate knowledge of people's current level of need.

Staff kept up to date with people's needs through the handover between shifts and people's records. One staff member commented "We are told what's in their day to day care plan and once a month their care plans are reviewed and if there is a major change we're all informed". There were handover meetings at the beginning of each shift and staff told us these were used to keep them up to date with people's needs.

People told us they were able to make everyday decisions about their care and how they liked to spend their time and live their lives. Staff we spoke with demonstrated an understanding of the importance of offering people choices such as what time people wanted to get up, choice of food and what people wanted to wear. A staff member told us they recognised the importance of promoting people's independence and supporting people to do as much as they could for themselves.

Each person had a document called "This is me". This is a form designed by the Alzheimer's society to give information about the person's needs and what is important to them. Staff found this document useful in getting to know and understand what is important to people. A relative told they completed a "This is me" form giving information about their relative and how they would want to receive their care. They commented that staff listened to them and took notice of their wishes adding, "They will do anything to improve on what is already being done".

On the Bluebell unit there was a brief resume of family information, their likes dislikes and preferences on people's doors. This included, things that were important to them and significant events in their life. Staff told us this helped to orientate the person by reminding them of who and what mattered to them.

Staff engaged people in activities in the Bluebell unit. One staff member played songs on the piano, people and staff gathered around singing songs from the Wizard of Oz, the Sound of Music, and Rod Stewart. People enjoyed this activity.

There were no formal activities being offered in Buttercup and Lilly unit. People were sat in the lounge in the morning watching TV. When asked, people told us they were happy doing this. We also observed people sitting quietly in the conservatory reading the paper.

activities included quizzes, reminiscence, snooker, bingo, sing-a-longs, baking, card games, arts and crafts, sensory sessions, tai chi, gardening and woodwork. People's individual personal interests were maintained, for example, the activity coordinator accompanied one person who is a football supporter to all the home games of the local football team. There was a room where there was a full size snooker table for people to use. There was also a chapel where church services were held at specific times of the year such as Easter and Christmas.

One person told us "There are notices on the board telling us what to do if we want to complain". All of the people we spoke with told us they had not made any complaints as they had no reason to. A relative told us they had raised concerns about not being kept up to date with information relating to their family member. They told us this was responded to and they were now "The provider had a complaints policy in place and Kept fully in the picture". Another relative told us they had never had reason to complain because there was an open forum where they

Requires improvement

# Is the service responsive?

dealt with any minor concerns as they arose. The provider had a complaints policy in place and where complaints were raised these were fully investigated and responded to appropriately.

Residents and relatives meetings were held annually to provide feedback on the service. We saw the minutes of a meeting held in April 2015, the meeting discussed staffing, door locking, staff name badges and the DoLS. There was a system in place to collate and review feedback from people to gauge their satisfaction and make improvements to the service. The last survey was held in May 2015. Feedback was being collated from the survey in order to analyse the comments and make improvements.

Requires improvement

# Is the service well-led?

## Our findings

The provider had systems in place to monitor the quality of the service. This included audits that were completed by the care manager, deputy manager and maintenance person. The audit systems were not always effective in identifying shortfalls. For example, the provider had not identified the manager had not followed the principles of the MCA or where there were issues relating to infection control and out of date care planning information. Information from the audits was not always formally used to gauge and improve the quality of the service. The care manager recognised the importance of effective quality monitoring systems in identifying shortfalls and driving improvement. They acknowledged the need to improve quality monitoring in these areas. We saw audits had taken place for medicines, health and safety falls and wounds which were effective.

**We recommend that the service improves their systems for monitoring and assessing the quality of the service.**

There was a registered manager in post at Earlfield Lodge. People were able to discuss any concerns with the registered manager. One person told us "They will always take the time to listen to me and I feel better when I have spoken to them". Relatives told us they thought the registered manager and care manager were approachable and they felt able to go to them with any concerns. Staff told us the registered manager and care manager were approachable and accessible and they felt confident in raising concerns with them. One staff member told us "The management are helpful, easy to talk to and approachable, they will help to try and solve issues". Another said "The care manager is approachable".

Staff meetings were held which kept staff up to date with new approaches and relevant information. For example, they discussed CQC and the inspection process, safeguarding referrals and the DoLS. One staff member described the meetings as "A good chance to air stuff". The meetings were also used to discuss any issues in the home and the registered manager sought staff's opinions for improvements to the home which showed an open culture.

We spoke with the care manager about the values and vision for the service. They told us their vision was to provide "One of the best dementia homes with a strong emphasis on being good". The home had signed up to the "Dementia Care Matters" programme which focuses on providing a person centred approach and quality of life to people with dementia, this involves developing team culture, the environment and training for staff. The approach was being discussed as part of staff team meetings. The care manager told us they were using observation and team meetings to ensure staff were putting the training into practice.

The care manager told us there were plans to adapt the environment in the Buttercup unit to meet the needs of people with dementia in line with Dementia Care Matters. This would involve creating two separate environments to meet the needs of people in differing stages of dementia. They told us they planned to offer activities to meet the needs of the people who lived in each area and they planned for it to be completed by the end of the year.

The care manager told us they subscribed to the National Care Home Association (NCHA) and received information to keep themselves up to date with relevant legislation and guidance. They also attended conferences and care provider's meetings and had arranged to attend a conference to gain information relating to The Health and Social Care Act 2014.

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<br><br>There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3). |