

Mr KC Lim

# Elm Park Lodge

## Inspection report

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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 

# Summary of findings

## Overall summary

This inspection took place on 13 November 2017 and was unannounced. At our previous inspection on 7 December 2015 we identified a breach of the regulations in relation to safe care and treatment of people living at the service and governance.

Elm Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elm Park Lodge accommodates up to 27 people with mental health needs in two buildings next door to each other. At the time of our inspection there were 20 people living in the main building with four people living in two flats next door.

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 2008 and associated Regulations about how the service is run.

We found at this inspection that some areas which had been subject to a breach of regulation had improved, whilst other areas had not. We also found new areas of concern at this inspection.

At this inspection we found that recruitment of staff was not always safe as some staff had been employed before references had been received.

Whilst there were risk assessments in place for a number of risks identified, staff were not always provided with guidance on how to safely manage people's needs.

Whilst people told us they felt safe living at the service and staff had been trained on safeguarding issues, the process to be followed by the provider to alert the local authority when safeguarding issues arose had not always been followed. CQC was not always notified of significant events as required by law.

There were issues of cleanliness at the service, and in particular, in the flats attached to the main building.

People and their relatives told us the registered manager was approachable and responsive to issues raised. However, there were concerns regarding the management of the service and the oversight of the provider in ensuring quality checking systems were in place and that they resulted in improvements and learning for the service.

People told us they enjoyed living at the service and staff were caring but we found a blanket ban on coffee provided at the service which indicated the service did not always provide person centred care. Although

people told us they enjoyed the food, apart from breakfast items, food was stored in a locked basement and brought up as required by staff. People did not tell us this was a concern to them.

Staff understood the importance of consent and people were supported to have choice and control of their lives and staff supported them in this, although the ban on coffee was unquestioned by staff. The service operated within the requirements of the law in restricting one person's liberty and the policies and systems in the service supported this practice.

Staff told us they felt supported in their role and they received regular supervision. People were positive about staff skills and knowledge and their ability to care for them. This was confirmed by relatives.

We found breaches of the regulations relating to safe care and treatment, safeguarding, person centred care, recruitment and notifying CQC of significant events.

We took enforcement action against the provider by serving an enforcement warning notice in relation to governance of the service.

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

## 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 not always safe. We found staff references were not always in place prior to staff starting work at the service.

There were not always risk assessments in place to provide guidance to staff on how to manage identified risks.

Safeguarding procedures to alert the local authority to concerns were not always followed by the service.

There were issues with cleanliness at the service and in particular, in the flats.

Medicines were safely managed but competency assessments had not been undertaken six monthly as stated in the action plan following the last inspection.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. People told us they liked the food provided by the service but there was a blanket ban on coffee being provided by the service in case it affected people's mental health. There was no evidence that it would.

Staff understood the importance of consent but had not questioned the ban on coffee. DoLS were in place where required.

Staff had the skills and knowledge to support people's needs and supervision took place.

People had access to health care and were supported if necessary to attend health appointments.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People told us staff were kind and caring and we saw caring interactions between staff and people living there.

Staff were able to tell us about people's backgrounds and likes and dislikes.

**Good** ●

People were involved in their care and care records were signed.

### **Is the service responsive?**

The service was not always responsive. People did not always receive personalised care as information was not available to guide staff on how to manage a person's behaviours.

There was a complaints process in place but it did not stipulate the timeframe for responding to complaints. We saw complaints were dealt with.

There were activities taking place at the service which people told us they enjoyed.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led. Not all areas of concern identified at the last inspection had improved despite the provider sending in an action plan outlining the actions they would take.

CQC were not notified of important events as required.

We found additional concerns at this inspection which indicated insufficiently effective governance of the service.

The registered manager was well regarded by people living at the service and relatives.

**Requires Improvement** ●

# Elm Park 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 13 November and was unannounced. The inspection site visit activity started on 13 November 2017 and ended on the same day. It included visiting the care home and meeting with people living at the service. We also reviewed records held at the service related to the care of people and the safe management of the building.

The inspection was undertaken by two inspectors for adult social care and an expert-by-experience with mental health knowledge. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported the inspection by speaking to people and relatives to obtain feedback.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. Due to this inspection taking place at short notice the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions related to 'Safe' and 'Well Led' to at least good. We reviewed the action plan submitted prior to this inspection. At this inspection whilst we found improvements had been made in the management of medicines there remained areas of concern related to the Safe and Well Led questions, with additional concerns found under the Effective question.

During the inspection we met and spoke with nine people who lived at the service. We also spoke with the

registered manager, a senior carer who also undertook quality assurance audits, and one member of the care staff.

We looked at five care records related to people's individual care needs and five staff recruitment files including supervision records. We also looked at three training records. We look at the records associated with the management of medicines, cleaning and quality assurance audits.

We reviewed health and safety documentation, incident and accident logs, safeguarding documentation, and checked essential services were of a good standard including electrical, gas and fire safety equipment.

We reviewed staff meeting and residents' minutes and other documentation related to the safe running of the service.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Following the inspection we spoke with an additional senior care staff member and spoke with two family carers of people using the service. Despite making contact with a number of key professionals only one health and social care professional responded to our request for feedback on the service.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the service. People told us, "I do, yeah. I've got my own key code to my room", "Safe? Yes, it's nice here" and "Yeah, I do, with the staff and the others." One person told us, "No one makes me feel uncomfortable here but I am a bit wary of a couple of people but there's no threats, it's shouting mostly."

At the last inspection we found there was a breach of Regulation 12 as risk assessments did not always provide guidance on how to manage people's individual risks, medicines were not always safely managed and there were concerns with recruitment processes.

At this inspection whilst we found risk assessments were in place and up to date for some of the areas of concern identified, they were not in place for all. For example, one person had a leg ulcer which had required intervention from the district nurse for over eight weeks. Whilst there was a separate district nursing record, there was nothing in the provider's care record to alert staff to this leg ulcer and give guidance for how to manage it in terms of personal care. Care records noted the person was reluctant with personal care but could shower independently. There was no guidance as to whether the dressing needed to be kept dry or not. We asked the registered manager and a senior care worker whether they knew if the dressing needed to be kept dry or not, but they did not know. Subsequent to the inspection the service provided an updated risk assessment after obtaining advice from the district nurse.

We also found that one person had health issues that placed them at risk of choking. Whilst staff had undertaken first aid training there was no risk assessment to guide staff in how to manage this person if they started choking.

Despite a fire earlier in the year caused by reflecting sunlight the fire risk assessment had not been updated since October 2016. We noted there was a smell of smoke in all areas downstairs not just near the smoking lounge. People were seen to smoke in the communal areas although staff asked them to stop. Also there were no detailed smoking risk assessments in place for the majority of people who smoked and a number of people clearly smoked in the building outside of the smoking room, despite being informed that this was not acceptable. The provider told us since the last inspection all service users now have 'no smoking' signs in their bedrooms as well as 'fire safety' instructions. The provider said that all service users had individualised fire risk assessments but this was not the case as we had found eight people who smoked without them completed.

These concerns constituted a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider could not always evidence that people were protected by the measures they had in place for the prevention and control of infection. We found areas of the service were not clean. Cigarette ash was seen on flooring downstairs. A notable amount of debris was also seen on the stairs which included cigarette ash. There was no sanitiser in the dispenser near one bedroom and one of the soap dispensers was not



functioning. One relative told us they thought the bathrooms were not always clean when they visited. Subsequent to the inspection the registered manager sent us updated task lists to prompt the cleaner and had set up forms to prompt checks of the bathrooms and hand dispensers daily.

Whilst the kitchen area in the main building was clean, and the service had received the highest award for food hygiene by the food standards authority, we had concerns with the cleanliness in the kitchen areas in the flats. For example there was a dirty fridge with no food but an out of date empty carton of milk from October 2017, and sinks in both flat kitchens were dirty. One kitchen bin was overflowing. We also found the floors and one toilet in the flat dirty.

We asked the senior care worker why this might be and they showed us that the task list for the cleaner had not included these tasks so they were overlooked. The action plan the provider sent in following the last inspection stated there would be checks of cleaning to improve the communal areas. We could see checks of the cleaning had been countersigned by a member of the office staff. This indicated the system was not effective. A report by officers from the local authority found these issues of cleanliness in the flats in early October 2017 but the provider had not addressed these concerns by the time we inspected in November 2017.

These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service could not always show that safe recruitment procedures had been followed to ensure staff were safe to work with vulnerable adults prior to them starting work. One member of staff's criminal record check had been obtained after they had already started working with people. One reference had been received for the staff member carrying out domestic tasks, and two members of staff had already started in their role before their references were received. We met a staff member who was being inducted and was shadowing on the day of the inspection and although their work was supervised neither reference had been received at that point. By the time of writing this report they had been received. The registered manager told us their policy was to get two references, and they acknowledged that recruitment processes and record keeping needed to be improved. Unsafe recruitment procedures can mean vulnerable people are placed at risk by the provider.

These concerns were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff understood about safeguarding adults from abuse, the service's systems, processes and practices did not always safeguard people from abuse. For example, we found four instances when the local authority safeguarding team should have been made aware of incidents that could fall under safeguarding alert procedures. One of these instances referred to a person who alleged they were worried about being hit by another person living at the service. In this instance there was no evidence that the service had contacted either the mental health professionals involved or the safeguarding adults team.

Three instances related to a person who was subject to a Deprivation of Liberty Safeguard (DoLS) absconding from the service. Without a protocol in place to state otherwise, the local authority should be notified when a person who should be supervised has left the premises unsupervised.

These concerns were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although in the main we could see actions taken following incidents and accidents, we could not see from records that the provider or registered manager had oversight of accident or incident logs to ensure there was learning from these. For example, as a result of multiple instances of a person absconding the provider had obtained and was using a device that alerted them when a person whose freedom was lawfully restricted left the building, but they had not established a protocol with the local authority in relation to notifying them of absconding.

There were sufficient staff on duty to meet the needs of people on the day of the inspection. There were usually three staff on shift in the morning and two in the afternoon. People told us they thought there was less staff available on duty at the weekend but the registered manager explained that there were less staff in the office doing administrative work but the care staffing levels remained the same, which was confirmed by rotas seen.

The registered manager told us there had been high staff turnover. Although vacancies had been recruited to, final pre-employment checks were awaiting completion. Once newly recruited staff were in post, the intention was to increase staffing levels by one member of staff during the day and have two waking night staff on duty rather than one. The registered manager told us this was to respond to some people's increasing level of need, although this was not assessed through a formal dependency analysis process.

Medicines were safely stored and managed. We checked stocks of boxed medicines against records and found one additional Sodium Valporate tablet in the box. The senior care worker responsible for auditing and checking medicine stocks had undertaken an audit the previous week and the audit did not show any issue with recording. The senior care worker was in the process of changing the system to make it easier to balance medicine stocks. Audits of medicines were undertaken weekly. People's medicine administration records had details of their allergies and a photograph of the person to minimise any confusion when giving medicines.

Longstanding staff competency in safe administration of medicines had last been completed in April 2016 by the registered manager. The provider action plan following the last inspection had stated medicines competencies would be undertaken six monthly. Staff competency checks to administer medicines were booked in for December 2017. Newly recruited staff were not allowed to give medicines until they had completed the medicine competency assessment in December 2017.

We checked the money balances for whom the service managed their money and these corresponded with records the provider held.

Essential services such as gas, electricity and fire safety equipment had all been safety checked. Window restrictors were in place on the first floor and were checked regularly. The extractor fan in the smoking room was not working. Subsequent to the inspection the registered manager sent evidence this had been fixed.

## Is the service effective?

### Our findings

People helped themselves to breakfast and staff prepared a light lunch and main evening meal. We saw there was bread, butter, jams and cereals for people to have for breakfast on the day of the inspection. One person told us "For breakfast you can help yourself to cereal and bread."

Staff told us some people liked eggs and these were made available for them if they asked. Most of the food was kept locked in the basement and was brought up to the main kitchen at specific meal times. We asked the registered manager why this was the case and they told us some people's behaviour in relation to food was not appropriate and had health and safety implications for the rest of the people at the service. However, this information was not documented in care records seen. Staff told us that people could ask for food at any time and this would be provided for them. People did not raise access to food as an issue.

People were generally happy with the food. We were told, "I love the food here; the roast is best. I'm having a cheese and piccalilli sandwich for lunch. We have lunch at 12.30pm and we eat together. They [the staff] come and ask you what you want from the menu." Another person said "I like the food and I like helping in the kitchen. We get chilli con carne once a week and that's my favourite." We saw this person helping out in the kitchen on the day of the inspection. Another person told us, "I don't mind the food. I like bacon, sausages and mash but I'm having a steak sandwich for lunch. I like the Sunday roasts."

People in the flats were asked on a daily basis if they wanted to cook for themselves or join the main group for lunch. One person told us, "It's okay but I would rather cook my own food. I cook things like chicken drumsticks with potatoes and vegetables, lamb chops; things like that."

Staff said that hot and cold drinks for people were available from flasks and jugs in the lounge areas. However, no hot drinks were put out on the day of the inspection. People told us they made tea by going into the smoking room or asking staff, and did not confirm flasks of hot drinks were made and left out. There were very few communal mugs for people to use. The registered manager told us people had forgotten to return mugs to the kitchen. One person told us, "All of us can make tea at any time, there's a kettle in the smoking room or the staff normally get it for you." The access to tea was confirmed by a number of people living at the service.

The registered manager and staff told us people were not offered coffee because this could exacerbate some people's mental health behaviour although it was not possible to ascertain if this was the case as there was nothing written in their care plans to explain this decision. It was not evident that people had been consulted on the choice of hot drinks made available or that decaffeinated coffee had been considered as an option. Therefore, people were not involved in decisions about what they could drink and care was not person centred as a blanket ban on coffee being provided was adopted by the service.

This concern was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they thought staff had the skills and experience to look after them. One person said, "Big time, yes; they're amazing." Another person said, "Some staff are amazing. They reassure me and talk to me nicely. Some are really good." Relatives confirmed staff sufficiently skilled to care effectively for their family members. One family member told us the staff varied but are generally "very good." A health and social professional told us they thought the staff were sufficiently skilled to care for the person they placed at the service.

The service had a training programme in place to ensure that staff had appropriate skills to support people. The Manager said mandatory training in certain topics should be completed every three years. On the day of the inspection there was no overall training matrix in place but this was sent to us subsequent to the inspection. It was positive that some staff had undertaken additional training in topics such as challenging behaviour and infection control. Internal lectures also took place in topics relevant to people's conditions such as schizophrenia and signs of stroke. The provider showed us they had booked in refresher training for December 2017. We saw new staff received an induction which involved training and shadowing more experienced staff.

Staff received regular supervision which they said was helpful. They also said they felt supported by senior staff. One member of staff commented, "I feel supported by senior staff. They are approachable." A supervision schedule was in place but a number of staff had left and new staff had not been included. Therefore, the schedule was not up to date. The registered manager said they would update the schedule. Five supervision records were reviewed and these showed detailed discussions took place. Although supervision meetings took place fairly regularly, they did not always take place quarterly which the service said was their standard. In this way the provider was not following their own policy.

Although staff had received training in the Mental Capacity Act 2005 (MCA) and could explain how important consent was, the service did not consistently work within the principles of the MCA as evidenced above in relation to access to coffee, as staff had made that decision for people without their consent.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person was subject to DoLS to restrict their liberty to leave the building unaccompanied for their own safety.

Other people had the code for the front door so they were free to come and go as they pleased. One person told us "We can go out as long as we're back by 10pm." Another person told us, "I go by bus to see my son at weekends. We can go out as long as we are back by 10pm." We asked the registered manager if there was a curfew for people and were told there was not, however, she acknowledged people may be dissuaded from going out or being out late at night for safety reasons. The registered manager said she would ensure staff understood people had the freedom to be out after 10pm and that their recommendation was only guidance for safety reasons.

Care records showed people had signed their care plans to confirm their agreement to receive support; and it was recorded when people refused to sign. We also saw evidence that staff respected people's decision when this may be unwise. For example, one person's support plan for diet and nutrition noted that the person was at risk of choking and should have drinks with thickener. However, the person chose not to always use the thickener as they considered this 'an infringement of their dignity' and staff respected this decision.

People were supported to access healthcare services including mental health practitioners when this was required and receive on-going healthcare support. For example, one person had recently had a diabetic and medicine review and seen an optician. People told us, "I have my own GP but I can't remember who" and "Yeah, I go for my regular blood tests 'cos I'm diabetic." People who were overweight were supported to have foods with fewer calories, but the service understood this was a personal choice for people.

There was evidence of cross-organisational working and partnership working. One health and social care professional told us they were made aware when a person's mental health declined and that staff took on board advice they gave in relation to supporting this person with their mental health needs. They were also made aware of any changes in this person's physical health by the service which they appreciated.

The service was on several floors with access by stairs. The design was suitable for people living there at the time of the inspection.

## Is the service caring?

### Our findings

People were positive about the staff and told us they were kind and caring. One person said, "It's all okay here it's well run and they're very caring." Several people wanted to emphasise to us how they enjoyed living at the service and two people told us "the staff are great." We witnessed kind interactions between staff and people living there.

We saw people's cultural needs were met. Halal meat was provided in a range of formats and one Jewish person had been offered a Kosher diet although they declined to follow it.. One person told us, "I like to go to church." And people's care records noted their cultural and religious requirements. One care record noted a person liked to have the Torah by their bedside at night.

Staff were able to tell us about people's preferences and understood what people liked and did not like. This was often documented in care records which was positive as it meant new staff understood how to support people. People were treated with dignity and respect. One staff member told us in detail about the person they was keyworker to and what the person enjoyed and struggled with. This staff member helped the person to get used to new members of staff by gradually introducing them and showing them the way the person liked things to be done. One staff member told us how they would ensure they turned around if a person was undressed to protect their dignity and they always checked on first meeting a person how they wanted to be addressed to ensure they were respectful.

People were encouraged to have visitors to the service up until 10pm. One person told us, "My mum comes and my son understands that I'm happy here." Another said "I've got a brother-in-law and I've got a few friends who visit." One person told us friends could stay over if you gave the service notice.

There were some consistent systems and processes to ensure that people had opportunities to be routinely involved in planning their care. People had signed their care plans to confirm their consent to receive support. One person told us, "I'm catching up with my care worker tomorrow. We're going to talk about my care plan." People were involved in planning their care and support through keyworker meetings. However, the registered manger told us these meetings should take place weekly and we could see they took place on an ad hoc basis.

People were encouraged to do tasks they were able. One person told us, "Yes I have my choices. We do clothes washing ourselves." There was a cooking group once a week to encourage people to be more independent.

Meetings for people to express their views took place every two months and we saw people routinely discussed activities, outings and menus.

People's rooms were personalised with their belongings and people had key codes to their bedroom door. There was a smoking room in the building which opened onto the garden so people could smoke without getting wet outside. The garden was well maintained and provided a pleasant outside space for people.

There was also an art room in the garden for people for people to use.

## Is the service responsive?

### Our findings

People did not consistently receive personalised care that was responsive to their needs. Although care plans that were seen were relevant and up to date notable shortfalls were identified.

One person's care assessment noted that they were doubly incontinent and 'required full assistance from carers to meet their continence needs.' Staff said that this was not the case and their incontinence was behavioural. However, this person did not have a support plan in relation to their continence, mental health or behaviour. In relation to their continence, we found soiled clothes on their bedroom floor and it was not possible to confirm from records how they were supported to manage their continence. This person was able to verbally articulate their needs and express what help they would accept or not. They did not want incontinence pads.

There were many elements of the care provided that was responsive to people's needs. For example, one person's care record noted the person enjoyed reading the newspapers daily and outlined their morning routine. People told us they could choose how they were supported. For example, "I can't get into the bath so I stand and have showers."

We saw care records covered a range of areas including personal care, management of money, activities, diet and nutrition and medicines support needs.

There was good life history information in care plans which included information about people's previous interests and hobbies. Although it was not clear how staff supported people to pursue previous interests staff did encourage people to keep busy. People attended the local gym and the provider also ran activities at the service. One staff member said, "There are various groups such as walking, gardening and cooking. We have a wellness day and someone comes in and encourages people to exercise. We go swimming and mix with people over the road."

People confirmed that recently an exercise group had started weekly that was well attended. People had been involved in the gardening group in the summer and tended their own patch. There was an art room located in the garden and a cooking group took place weekly.

There were also entertainers booked quarterly at the service which people told us they enjoyed and people went out on day trips in the summer months. These included a trip to a farm and to the seaside. A health and social care professional told us they thought the activities at the service were positive for the person they had placed there.

People were seen to have autonomy and choice in relation to how they spent their time. They were free to come and go as they pleased and there were enough staff to facilitate this when required. Staff said they had concerns that one person chose to spend a lot of time in their room but understood it was their choice. A staff member told us, "We do try but it's very difficult."



Other people told us the activities they enjoyed doing, "I can go out once a week to see my sister. I go out to my mum's and I go to [coffee shop] in [local area] by bus.

At the last inspection we noted the complaints procedure did not have a timeframe to respond to complaints. At this inspection we found there was a complaints procedures but it still did not specify the timescales in which a complaint should be resolved. It also referred the complainant to CQC in the event of continued disagreement and this was not the appropriate procedure. One complaint had been logged during 2017 and had been addressed and resolved on the same day.

The registered manager acknowledged they were not capturing concerns as well as complaints and they told us they would consider how to do this. Relatives told us the registered manager was approachable and accessible and responded to issues they raised, which was positive, as did the health and social care professional we talked with. A family member told us the service was a "family run, relaxed sort of place" which suited their relative.

Staff asked people what their end of life wishes were and where people chose to, care records had end of life wishes recorded. One person had recently been supported to remain at the service until their death and we saw an e-mail from the family thanking the service for facilitating this.

## Is the service well-led?

### Our findings

At the last inspection there was a breach of Regulation 17 related to governance of the service as the provider did not always have effective audits in place to ensure infection control processes were in place. There was no evidence of learning from accidents and incidents to minimise them reoccurring and the complaints policy did not have a timeframe stipulated for the provider to respond to complaints.

We also found at the last inspection a breach of the regulations in relation to Regulation 12 safe care and treatment due to concerns with risk assessments, lack of an up to date fire risk assessment and retention of interview notes and validation of references.

Whilst we saw at this inspection some progress had been made in some areas there remained a lack of oversight by the provider in a number of key areas. For example, in relation to recruitment processes we were still concerned that for one person references were obtained two months after their start date, their DBS was received over a month after they started and their interview notes were not on file for this person. Another staff member's references were received over a month after they started and their interview notes were not on their staff file.

Although some work had been undertaken in relation to risk assessments and the provider told us going forward that people's relapse indicators would be integrated into the risk assessment process, we found some risks were not identified by the service.

Accident and incident forms were completed by the service and actions taken were recorded on the form. But there remained no evidence of management oversight of these documents or evidence of learning from events.

Following the last inspection, the provider's action plan had stipulated that the complaints policy would be updated to include timeframes for responding to complaints and this had not been done.

Despite the provider submitting an action plan stipulating that robust checks would be undertaken, at this inspection we found there remained issues with cleanliness at the service. The action plan also stipulated that medicines competency assessments would be undertaken by the registered manager every six months. This had not taken place for all staff.

At this inspection we found additional areas of concern with the governance of the service. For example, safeguarding referrals were not always made to the local authority as required and notifications were not sent to CQC when significant events had occurred as required.

We noted that effective systems to monitor supervision and training were not in place as there was no training matrix at the time of the inspection and the supervision log did not contain the names of all the staff. Although supervision was taking place it was not always taking place quarterly as stated in the provider policy.

The provider did not have an effective performance framework to ensure that quality performance, risks and regulatory requirements were understood and managed. There were insufficient processes in place to assess, monitor and improve the quality of the services provided. This meant the service did not continuously innovate or learn to improve services.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found six incidences in which the police were called or were involved with people at the service relating to either a person absconding or due to safeguarding issues and CQC were not notified in line with the requirement to tell us about significant events at the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There were audits of care plans, medicines management and people's money taking place by the service. Although due to staff shortages not all care records were up to date, this had been identified by the service as an outstanding task.

Staff and people living at the service told us they felt engaged and involved in how the service was run. Meetings for residents took place regularly. People's views were asked about the menu and activities as well as house issues being discussed. There had been three staff meetings since January 2017 and staff had discussed key areas such as staffing levels, documentation and the running of the service.

People spoke well of the service. They told us, "[registered manager] is highly approachable, kind and caring." Another person told us, "[registered manager] is approachable, yeah. You can find her in the office." People told us they would recommend the service to other people as they enjoyed living there and found the staff kind and caring.

We found the registered manager open and transparent and they told us they were willing to work with the team from the local authority to improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider did not notify CQC of important incidents in which the police were involved. Regulation 18(2)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not always ensure care was person centred care as the service made a generic decision not to purchase coffee for people on the basis it was not good for their health. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always ensure risk assessments were in place to provide guidance to staff on how to meet people's needs. The provider did not always protect people from the spread of infection. Regulation 12 (1)(2)(a)(h)
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  The provider did not always ensure that they followed safeguarding procedures to ensure

people were protected from abuse and improper treatment.  
Regulation 13 (1)(2)(3)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not always ensure they carried out safe recruitment procedures to ensure staff were of good character before they started to work at the service.  
Regulation 19(1)(2)

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure there were effective systems in place to assess, monitor, mitigate the risks and improve the quality and safety of the services. The provider did not evaluate and improve their practice in respect of the processing of information obtained as a result of carrying on the regulated activity.</p> <p>Regulation 17(1)(2)(a)(b)(f)</p>

### **The enforcement action we took:**

Issued a Warning Notice