

Mrs Juliette Taylor

Preston Lodge

Inspection report

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Date of inspection visit:
02 May 2019

Date of publication:
28 June 2019

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

About the service:

Preston Lodge provides accommodation and personal care to a maximum of six people with dementia. At the time of our inspection, there were five people living in the care home.

People's experience of using this service:

People spoke positively about the care they received in the home. They told us they felt safe and care workers were kind and caring and they raised no concerns. People's relatives said they were satisfied with the level of care and said staff treated people with respect and dignity.

There were aspects of the care provided that were not safe. The arrangements for ensuring that people living in the home and staff were kept safe in event of a fire were not adequate. There were deficiencies with fire arrangements and we found a breach of regulation in respect of this.

We looked at the arrangements for medicines in the home. There were systems in place for obtaining and disposing of medicines and the home had a suitable medicines storage facility in place. Medicines were administered as prescribed.

Individual risk assessments were completed for people. However, the service had failed to identify areas of potential risks to people. This could result in people receiving unsafe care and we found a breach of regulation in respect of this.

On the day of the inspection, we observed that care workers did not appear rushed and were able to complete their tasks. They told us there were sufficient staff numbers and raised no concerns.

Care workers spoke positively about their experiences working at the home. They said they felt supported by the registered manager and said they worked well as a team. However, we found there was a lack of evidence to confirm staff had received training and this was confirmed by care workers we spoke with. The lack of training meant that staff may not have had the skills and competencies to enable them to support people safely. We found a breach of regulation in respect of this.

People were supported to live a healthy life. Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences. People had access to healthcare professionals when needed.

People's care support plans were comprehensive and personalised. They included details about people's individual needs and preferences and guidance for staff to follow so people received personalised care and support that met their individual needs and preferences.

Staff knew people well and had a caring approach to their work. They understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights. During the inspection, we observed staff treated people with respect, kindness and compassion. Positive caring relationships had developed between people who used the service and staff and people appeared at ease in the presence of care support workers and the registered manager.

Care support plans included detailed information about people's capacity and their mental state. Staff we spoke with had a basic knowledge of the MCA, but there was no evidence to confirm they had received MCA training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. Two people in the home were subject to DoLS and we noted that one had expired and queried this with the registered manager. They explained that they had submitted the application to the local authority and were waiting for an assessment.

There was an activities timetable in place which included board games, daily exercises, reading the newspaper together and discussing current affairs, going to the local library and out in the community.

A formal complaints procedure was in place which was available to people. People and relatives told us they had not had any complaints and they felt listened to by staff and the registered manager.

The home had a system in place to check care plans, medicines, infection control, fire safety and maintenance in the home. However, it was not effective as the service had failed to identify their failings in respect of fire safety in the home, medicines storage and staff training. We saw no evidence of any checks and audits being carried out after September 2018 and there was a lack of evidence to confirm the service was continuously monitoring the level of care they provided. The service was unable to demonstrate that they were ensuring that people were protected against the risk of unsafe or inappropriate care and we found a breach of regulation in respect of this.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of risk assessments and fire arrangements in the home; a lack of staff training, supervision and appraisals; and a lack of evidence to confirm the service was continuously monitoring the level of care they provided. Please see the action we have told the provider to take at the end of this report.

Rating at last inspection: The service was inspected on 21 and 22 November 2016 and was rated as Good.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 home was not always safe.

Requires Improvement ●

Is the service effective?

The home was not always effective.

Requires Improvement ●

Is the service caring?

The home was caring.

Good ●

Is the service responsive?

The home was not always responsive.

Requires Improvement ●

Is the service well-led?

The home was not always well-led.

Requires Improvement ●

Preston Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Preston Lodge is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was a comprehensive inspection, which took place on 2 May 2019 and was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to plan our inspection.

During the inspection we spoke with the registered manager and three care support workers. We also spoke with two people who lived at the home. Following the inspection, we spoke with three relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of three people using the service, three staff employment records and quality monitoring records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- When asked whether people felt safe in the home, one person said, "I feel safe here." Another person told us, "Yes, I feel safe. Everything is fine." Relatives of people told us that people were well cared for and expressed no concerns regarding the welfare and safety of people. One relative said, "Yes, [my relative] is definitely safe in the home."
- There were aspects of the care provided in the home that were not safe. The arrangements for ensuring people living at the home and staff were kept safe in the event of a fire were not adequate.
- The service had arranged for a fire risk assessment to be carried out in April 2018 by an external organisation. This risk assessment highlighted that there were deficiencies in respect of fire procedures and management in the home. For example; unsatisfactory use of multi socket extension leads and adaptors, overdue portable electrical appliances testing and use of fire exits. We noted that there was a fire risk action plan as a result of the deficiencies identified, however despite the fire risk assessment having been carried out in April 2018, the service had failed to complete this and there were still outstanding areas that they had failed to address. We queried this with the provider and they advised that some actions had been completed but not documented. They also advised that some actions had not been completed due to financial restrictions but advised that they were obtaining quotes and looking at viable options.
- We saw evidence that regular fire alarm tests and fire drill checks had been carried out consistently up until October 2018. There was however no evidence that these had been carried out since this date.
- There was a fire action plan in place but we noted that there was no fire evacuation plan detailing fire exits and escape routes.
- The fire arrangements in the home were not adequate and this was a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were personal emergency evacuation plans for people who lived in the home which detailed how care staff needed to support them in event of a fire.
- People were not permitted to smoke in the home. The home had a no smoking policy in place and there was a designated area outside for people to smoke.
- We asked the service to provide us with evidence that they had carried out service checks in relation to gas and electrical systems in the home. The electrical portable appliance test certificate indicated that the test was carried out in May 2018. The provider confirmed that a further test had been carried out in May 2019 but said that they were waiting to receive the certificate. The landlord gas safety record was also in place. However, we noted that there was no evidence that water hygiene checks had been carried out.
- The registered manager told us they checked the hot water temperatures prior to people having a shower or bath. This is needed to ensure that measures are in place to prevent scalding. However, at the time of the

inspection, this information was not available. After the inspection, we were provided with evidence of these checks being documented.

- We looked at five bedrooms in the home to check whether window restrictors were in place. We found that these were in place with the exception of one bedroom where the back window did not have a restrictor in place. We also noted that in another bedroom, one window did not shut completely and raised this with the registered manager. She advised that she would take immediate action to address this.
- Some risks to people's safety were assessed. Individual risk assessments were completed which included risks of choking, alcohol consumption, falls and dementia. These risk assessments were comprehensive and included clear and specific details of how the risk should be managed so that people were not in danger of harm.
- We however noted that the service had failed to identify some risks. For example, one person was epileptic and we found that there was not an appropriate risk assessment. Another person was diabetic and at risk of pressure sores but there was no risk assessment in place to address this. It was therefore evident that the service had failed to identify potential hazards and risk.
- Although the support required from care workers was detailed in people's care support plans, some risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.
- The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not always being carried out appropriately. All potential risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.
- This was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We spoke with the registered manager about this and she advised us that she would ensure appropriate risk assessments were in place.

Staffing and recruitment

- The staff recruitment records we looked at showed that the service had carried out checks on staff suitability to work with vulnerable people. For example, they had asked the staff to complete an application form with their employment history, they had carried out checks on their criminal records, they had received references from previous employers and they had checked their identity and eligibility to work in the United Kingdom.
- We discussed staffing levels with the registered manager and care support workers. All staff we spoke with told us that there were sufficient numbers of staff to safely meet people's needs. We looked at the staffing rota for the day of the inspection and this correctly reflected the staff on duty. On the day of the inspection, we noted an air of calm in the home and staff were not rushed. Staff were able to spend time interacting and speaking with people.
- We looked at the staff rota for the week of 29 April 2019 and this indicated that there were at least two care support workers on duty during the day and two staff on duty at night. However, we noted that some parts of the rota were illegible and raised with the registered manager the importance of ensuring that they were clear.

Using medicines safely

- People received their medicines as prescribed. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. The home had a medicines storage facility in place. The facility was kept locked and was

secure. However, we noted that two medicines were kept in a medicines fridge which was not locked. We queried this with the registered manager and she explained that they had had difficulty finding an appropriate lock for the fridge. These medicines should be stored at room temperature, below 25 degrees Celsius and did not need to be kept in a fridge. Storing medicines at incorrect temperatures could affect the potency of medicines. We discussed this with the registered manager who confirmed that she would ensure the medicines were removed from the fridge. Following the inspection, the registered manager confirmed that she had moved the two medicines to the medicines storage cabinet.

- Medicines administration records indicated that people received their medicines as prescribed and there were no unexplained gaps.
- We saw documented evidence that care support workers checked and recorded medicines storage temperatures daily and these were within the required range.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. There was a lack of evidence to confirm care workers had received training in safeguarding people. Care workers we spoke with had limited knowledge about what safeguarding was but told us that if they saw something of concern they would report it to the registered manager immediately.
- All staff we spoke with said they were confident the registered manager would act on any concerns reported to ensure people's safety.

Preventing and controlling infection

- There were systems in place to minimise the risk of infection in the home. On the day of the inspection we found the home was clean and there were no unpleasant odours. We checked the carpets and observed that they were clean and in good condition.
- We discussed with the registered manager allegations that had been raised in 2018 that one person's bed had traces of bed bugs. These allegations were investigated by the local authority. The registered manager explained that previously the bed bugs were found in one person's bed headboard and as a result of this, they had replaced all beds in the home. We saw that beds had metal railings instead of material which were easier to clean. The service had also replaced all mattresses in the home. We also saw documented evidence that pest control had visited the home on several occasions following the concerns regarding bed bugs.
- On the day of the inspection, we checked the bedroom where bed bugs were previously found. We checked the bed and found no evidence of bed bugs. We found the room was clean with a new bed and mattress.
- Protective clothing, including disposable gloves, were available to staff and they confirmed this. Staff used these when carrying out tasks that included assisting people with personal care.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. The registered manager logged accidents and incidents. These included details of the incident, action by the registered manager and remedial action to reduce the incident/accident occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. One regulation in relation to staff training and supervisions was not met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People using the service had lived in the home for several years. They told us that they received the care and support from staff that they needed and wanted. One person using the service told us, "It is very nice here. Very nice staff." Another person said, "It is ok here." This was confirmed by relatives we spoke with. One relative told us, "I am very satisfied with the home. I feel very happy with the care."
- People's care and support plans contained information and guidance that staff needed to deliver the care and support that people needed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, and preferences were included in their support plans. This helped staff understand people's individual needs and effectively provide the care that they needed.
- People's health and support needs were reviewed by people's key worker with people's involvement where possible.

Staff support: induction, training, skills and experience

- We asked the registered manager for details of what training staff had completed. We were provided with a file which contained training certificates. We however noted that training certificates related to care workers that no longer worked at the home. We found certificates relating to one care worker who currently worked at the home and included safeguarding, health and safety, infection control, food hygiene, moving and handling, first aid and medicines management training. However, we noted that this training had been completed in 2017. There was no evidence that this member of staff had received refresher training since 2017. Following the inspection, we were provided with training certificates for another care worker. However, we noted that these training certificates were dated from 2014, 2015 and 2016 and were from the care worker's previous employer.
- The service was unable to demonstrate that currently employed care workers had received up to date training in various areas that were needed in order to provide effective care to people. There was a lack of certificates in respect of training completed by care workers and it was therefore not clear what training staff had received.
- Care workers we spoke with confirmed that they had not received formal training since working at the service, with the exception of an induction.
- There was a lack of documented evidence to confirm care workers received regular supervision and appraisal of their development and performance.
- We did not see sufficient evidence that staff were supported to fulfil their roles and responsibilities through training, supervisions and appraisals. This is a breach of Regulation 18(2)(a) Health and Social Care Act 2008

Supporting people to eat and drink enough to maintain a balanced diet

- There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating.
- Staff understood and supported people's dietary needs. They consulted with people about the types of food that they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- People's weight was monitored closely. Staff we spoke with were aware that they needed to report all significant changes in people's weight.
- There was a weekly menu in place and we looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the day of the inspection, food was freshly prepared and care workers confirmed that food was always freshly prepared.
- When any issues around eating and drinking had been identified, the service had supported people to receive support from relevant health professionals. For example, one person was diabetic and the service supported this person to have a low sugar diet. We also saw evidence that a dietician had been involved in this person's care. Another person was at risk of choking and was on a soft and blended food diet. We saw evidence that the dietician had been involved in this person's care.
- At the time of our inspection, we saw that the kitchen was clean. In June 2018, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars, rating the service as "very good".

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and care needs of people. Records showed that the service had regular contact with community healthcare and social care professionals about people's needs.
- Staff worked with professionals to ensure people were provided with the care and support that they needed.
- There was information in people's care files to inform staff about people's health, behaviour and general wellbeing. The actions for staff to take were clear, person centred and described how to provide effective support.

Adapting service, design, decoration to meet people's needs

- People told us they were happy living in the home and were satisfied with their bedrooms.
- People's bedrooms were personalised with items and furnishings of their choice.
- The service had made some improvements to the home since our last inspection, we found that the service had repainted rooms and had put new flooring in the kitchen.
- We noted that some areas of the home were cluttered with various items and raised this with the registered manager. She advised us that she would take appropriate action to address this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care support plans included detailed information about people's capacity and their mental state.
- Staff we spoke with had a basic knowledge of the MCA, but there was no evidence to confirm they had received MCA training.
- Where people were unable to leave the home because they would not be safe leaving on their own, the service had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that two people in the home were subject to DoLS. We noted that one had expired and queried this with the home. The provider explained that they had submitted the application to the local authority and were waiting for an assessment.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well. One person told us, "They are kind and caring." Relatives we spoke with told us that people were treated with respect and dignity and no concerns were raised. One relative said, "Staff talk with kindness, they really do care." Another relative told us, "I am satisfied with the care on the whole. [My relative] receives good care."
- On the day of the inspection, we met all people that lived in the home. They appeared comfortable, relaxed and well looked after. We observed positive interaction between people and staff and noted that staff were patient when supporting people and communicated well with people. We observed staff provided prompt assistance but also encouraged people to be independent where they were able to. We also observed that care workers sat down beside people and spent time talking with them about people's day and current affairs throughout the day as staff carried out their tasks.

Supporting people to express their views and be involved in making decisions about their care

- Records showed that people made decisions about their care where they were able to. Each person had an allocated keyworker who was responsible for overseeing the person's care at the home. People and their keyworkers met regularly to discuss various aspects of their care such as personal wellbeing, appointments and how staff could support people in ensuring care provided was appropriate and beneficial to them.
- Some people in the home had difficulty with verbal communication. Therefore, staff used a variety of communication methods. We observed that staff communicated with people by talking slowly and clearly and we saw that people responded well towards care workers. Staff had been given guidance in the care records of what different signs to look out for to indicate how people felt.
- There was information on what people liked and disliked, what made them happy or unhappy.

Respecting and promoting people's privacy, dignity and independence

- During the inspection, staff were attentive to people's needs and supported them in a manner that maintained their privacy and dignity. People's decision to spend time alone in their room was respected by staff. We also observed staff knock on people's doors and ask permission before entering.
- People's support plans included information about promoting and supporting people's independence. Staff gave us examples about how they involved people in doing 'day to day' household tasks such as tidying their bedrooms to help them develop their skills and independence.
- Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Care and support plans detailed people's individual needs and included clear guidance about how staff needed to support them. Staff we spoke with were knowledgeable about each person's needs and knew how to provide them with the care and support that they required.
- Information about people's personal histories and their individual backgrounds were recorded in people's care plans. Each person's care support plans included a profile page which included details about the person's history, family, personality, education and previous occupation.
- Staff we spoke with knew how to assist people to follow their religious, cultural and other personal customs. The registered manager explained that a Eucharistic minister attended the home every two weeks and a Church of England minister attended the home every three weeks. This supported people's religious needs.
- There was an activities timetable in place which included board games, daily exercises, reading the newspaper together and discussing topics, going to the local library and out in the community. The registered manager explained that the activities timetable was flexible as it depended on what people felt like doing on a daily basis. On the day of the inspection we saw that some people spent the morning watching television in the lounge and another person went out to the local shops.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that all the people in the home understood English and understood verbal communication from staff. Some documentation included pictures to help with accessibility of the information.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. They were confident that any issues to do with people's care and other aspects of the service would be taken seriously by management and addressed. There had been no recent complaints recorded. Care workers were aware that they needed to report complaints and concerns about the service to the registered manager. One relative told us, "[The registered manager] always addresses concerns. We have previously raised issues before and it was resolved." Another relative said, "Absolutely approachable. [The registered manager] is easy to talk to and always listens. They are very good with communication."
- The service had a formal complaint procedure in place. We saw that this was displayed in the communal area and people had access to it. People and relatives told us they did not have any complaints about the care they received or about the staff who supported them.

End of life care and support

- We noted that end of life care plans were in place for some people, however these were not consistently in place for all people. We raised this with the registered manager and she advised that she would take appropriate action.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality and person-centred care. Checks and audits of the service were not sufficiently effective in identifying deficiencies and promptly rectifying them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoke positively about the registered manager and the environment in the home. One member of staff said, "It is good here. I am happy. She supports me and supports us. She is good. I can talk to her." Another member of staff told us, "[The registered manager] is nice. I can ask questions. Good team work here."
- Despite positive feedback from care workers, we observed that there were aspects of the service that were not well organised and effective in relation to medicines storage, risk assessments, fire arrangements in the home and staff training and support.
- It was not evident that the registered manager was clear about her role and had the skills, knowledge and experience to lead the service.
- There was a communication book in place which enabled staff to record important information and messages for other staff. It included information about accident/incidents, phone calls received and information about people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff we spoke with confirmed that they received the information that they needed to deliver personalised care. They spoke positively about communication in the home.
- People and relatives told us that they were listened to. They spoke highly of the management of the service and told us that they were kept well informed about people's needs and fully involved in decisions to do with people's care. Relatives spoke positively about the management of the home. One relative said, "I have no concerns or complaints. The home is run well." Another relative told us, "I can raise queries with [the registered manager]. Yes, she is approachable."
- The registered manager knew the importance of being open, honest and transparent in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong. However, the registered manager was not always aware of when she needed to report notifiable incidents to us. One person had previously had a pressure sore of above grade three and was therefore required to notify the CQC of this. However, the registered manager failed to do this. We raised this with the registered manager and she explained that she was not aware that she was required to inform the CQC of such incidents. She advised that in future she would ensure she did this.

- Care documentation and documentation relating to the management of the service was not always well maintained, up to date and comprehensive. Documentation requested during the inspection was not always readily available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were able to feedback about the care they received by taking part in monthly key worker sessions and regular house meetings. However, the service did not have evidence of these meetings being documented.
- Staff meetings provided staff with the opportunity to feedback about the home and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation. However, the service did not have evidence that these meetings were documented.
- Community healthcare and social care professionals had been consulted and kept up to date with developments to do with people's care and support needs.

Continuous learning and improving care

- The home had a system in place to check care plans, medicines, infection control, fire safety and maintenance in the home. However, and that this was not effective as the service had failed to identify their failings in respect of fire safety in the home, medicines storage and staff training.
- There was no evidence of any checks and audits being carried out after September 2018 onwards. There was therefore a lack of evidence to confirm that the service was continuously monitoring the level of care they provided.
- It was not evident that the home was effectively monitoring their systems and level of care provided and was unable to demonstrate that the service was ensuring that people were protected against the risk of unsafe or inappropriate care.
- The above is a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service worked in partnership with health and social care professionals to improve outcomes for people. The service had relationships with external health and social care professionals.
- Records indicated there was regular contact about care and support provided to people with the GP, psychologist and representatives of the local authority.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to ensure that care and treatment was provided in a safe way to service users because they had not:</p> <ul style="list-style-type: none">- ensured risks were being identified and managed for people Regulation 12(2)(a)- ensured fire arrangements in the home were adequate Regulation 12(2)(d)

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 registered provider failed to demonstrate that the home was effectively monitoring their systems and level of care provided and was unable to demonstrate that the service was ensuring that people were protected against the risk of unsafe or inappropriate care. Regulation 17(2)(a) of the HSCA RA Regulations 2014.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to ensure staff were supported to fulfil their roles and responsibilities through training, supervisions and appraisals. Regulation 18(2)(a) HSCA RA Regulations 2014.</p>

The enforcement action we took:

Warning notice