

# Panchadcharam Jegamuraleetharan Spencer House

## Inspection report

Spencer Road  
Birchington  
Kent  
CT7 9EZ

Tel: 01843841460

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14 June 2018

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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 and 14 June 2018 and was unannounced.

Spencer House 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. Spencer House accommodates up to 25 people in one adapted building. At the time of the inspection 22 people were living at the service.

We last inspected Spencer House in March 2017, when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations were identified. We issued requirement notices relating to safe care and treatment and good governance. The provider had not maintained the building to the required standards and issues relating to unsafe management of medicines. The provider had failed to monitor and improve the quality of the service and maintain accurate and complete records.

At our last inspection, the service was rated 'Requires Improvement'. We asked the provider to complete an action plan to show how they would meet the regulatory requirements. At this inspection improvements had been made, however, there was a continued breach of Regulation 17, Good Governance. This is therefore the second consecutive time the service has been rated 'Requires Improvement'.

The registered manager had left their post in May 2018. An acting manager had joined the service at the beginning of June 2018 and had started their registration with Care Quality Commission (CQC). A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

Following the last inspection in March 2017, the provider employed a registered manager. They had entrusted the registered manager with maintaining, monitoring and improving the quality of the service. The provider was present at the service regularly but had not maintained oversight of the service. The provider had not identified the shortfalls found at this inspection.

Checks and audits had not been completed on the quality of the service being provided. Accidents and incidents had not been analysed to identify any patterns or trends to learn lessons and stop them happening again.

Potential risks to people's health and welfare such as diabetes, had not been consistently assessed and staff did not have detailed guidance to mitigate the risks. However, staff knew how to support people to reduce risks and described how they supported people living with diabetes. Each person had a care plan that contained details about their choices and preferences, but some information contained in the care plans was contradictory. However, people told us that staff supported them in the way they preferred.

The acting manager had completed an audit on all aspects of the service the week before this inspection and had identified all the shortfalls the inspection found. The acting manager had put an action plan in place and had started to rectify the shortfalls.

The acting manager understood their responsibilities to keep people safe. Staff explained how they would raise any concerns they had and were confident that the acting manager would act appropriately.

There were sufficient staff on duty, who had been recruited safely. Staff received training appropriate to their role, new staff completed an induction programme. Staff told us they felt supported by the provider and had regular supervisions to discuss their training and development.

People received their medicines safely and on time. Staff monitored people's health and reported any changes to the GP and other healthcare professionals. Staff followed the guidance given to keep people as healthy as possible. People were encouraged and supported to live healthier lives, people took part in chair exercises and went out for walks. People were supported to be as independent as possible. People had a choice of meals and were encouraged to eat a balanced diet.

Before moving into Spencer House, people were assessed to ensure staff would be able to meet their needs. People's needs were assessed using recognised tools in line with current guidelines. People's end of life wishes were recorded when known. Staff liaised with the district nurse and GP to keep people comfortable and pain free at the end of their lives.

People were encouraged to plan their care and express their views. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Decisions were not always recorded, this is an area for improvement.

The provider had a complaints policy, this was displayed in the reception of the service. People told us that they knew how to complain. However, the policy was not available in other formats such as large print or easy read. This was an area for improvement.

People had a variety of activities to take part in, activities included gardening, quizzes and flower arranging. People's dignity and privacy was respected, staff spoke with people in a kind and compassionate way. People had developed caring relationships with staff and were relaxed in their company.

The provider and acting manager had a vision that the people and the community would be more involved in the way the service developed. There was an open culture within the service, people and relatives knew the provider and that they could speak to them whenever they needed.

People and staff attended regular meetings and made suggestions for improving the service. The provider had listened and made improvements including updating a bathroom with a walk-in shower.

The provider intended to take part in local forums to keep their skills up to date, they had not been attending previously. The service had worked with the local safeguarding authority and local commissioning groups to ensure people received joined up care.

Since the last inspection, the provider had completed further adaptations and improvements to the building to meet people's needs. The service was clean and odour free. The provider completed checks and audits on the building and equipment that people used to ensure it was safe.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall. The service did not have a website.

At this inspection a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. You can see what action we have asked the provider to take at the end 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.

Potential risks to people's health and welfare were not consistently assessed and there was not detailed guidance for staff to mitigate the risk.

Accidents and incidents had not been analysed and lessons learned to stop them from happening again.

People were protected from abuse, staff were confident any concerns they had would be dealt with by the provider.

People received their medicines safely and when they needed them.

There were sufficient staff to meet people's needs, who had been recruited safely.

The service was clean and odour free.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff worked within the principles of the Mental Capacity Act 2005, supporting people to make decisions about their care. However, these decisions were not always recorded.

People's needs were assessed in line with current guidance.

Staff received training appropriate to their role and supervision to discuss their training and development.

People were supported to eat a balanced diet and live a healthy lifestyle.

Staff worked with healthcare professionals to meet people's needs and followed any guidance given.

The building had been adapted to meet people's needs,

**Requires Improvement**



improvements continued to be made.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were supported to express their views and involved in making decisions about their care.

People were treated with dignity and respect.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always have access to information in a format to meet their needs.

People's care plans contained information about their choices and preferences, however, some information was contradictory.

People could take part in activities they enjoyed.

People knew how to complain; any complaints were investigated following the providers policy.

People's end of life wishes were recorded, staff liaised with healthcare professionals, to keep people comfortable at the end of their lives.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not maintained oversight of the monitoring of the quality of the service provided.

Checks and audits on the quality of the service had not been completed.

The provider had not attended local forums and groups to keep their skills up to date.

There was an open culture within the service.

People and staff were encouraged to make suggestions about improving the service and these were acted on.

The service worked with other agencies to provide joined up care.□

# Spencer House

## **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 checked 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 and 14 June 2018 and was unannounced.

The inspection team consisted of one inspector 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 the information about the service the provider had sent to us in the 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 also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us by law.

We looked at five people's care plans, associated risk assessments and medicines records. We looked at three staff recruitment files, training supervision and maintenance records. We spoke with the acting manager, provider, five care staff, one domestic and activities co-ordinator. We observed staff interactions with people and observed care and support in communal areas. We spoke with 11 people who use the service and two relatives.

We spoke with one social care professional after the inspection.



# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I am safe here and treated properly." Another told us, "Nothing here makes me feel unsafe here."

At the previous inspection, potential risks to people's health and welfare had been assessed and there had been detailed guidance for staff to mitigate the risk. Following the inspection, the registered manager, had written new care plans for all the people living at the service. These care plans did not include the risk assessments and guidance for people living with diabetes. There was no information for staff about how people should be monitored, what symptoms to look for when people were unwell and what action to take. We spoke with staff, who described to us clearly how they monitored people, how they recognised if someone was unwell and what action they would take. People who were living with diabetes had been monitored by staff and their diabetes had been stable.

The assessment of people's mobility needs was limited, people had basic assessments but there were no detailed assessments or guidance for staff when people required the use of aids such as specialist equipment to move people from one place to another. Some people did not use a hoist all the time but there was no guidance for staff about when they should use the hoist to support people. Staff told us how they assessed if people needed the hoist to be used and how they supported people in it. We observed staff moving people safely using the hoist and one person told us, "The staff use a hoist, it is not very comfortable but I feel safe in it."

Staff knew people well and the lack of risk assessments and guidance for staff had not had an impact on people as staff knew how to support people and keep them safe.

Accidents and incidents had not been recorded and analysed to identify any trends or patterns. Action had been taken when people had fallen, people had been referred to healthcare professionals but this had not been recorded to show how any lessons had been learnt and improvements made. The acting manager had started a record of accidents and analysis to show the action that had been taken, in June 2018.

The provider had failed to assess and monitor the risks relating to the health and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider had failed to complete checks to ensure the environment was safe. At this inspection, improvements had been made and the breach of Regulation had been met.

The provider had completed a fire risk assessment and completed all remedial works that were required to keep people safe including a new fire escaped and outside lighting. Regular checks were now completed on the fire equipment. One person told us, "We have fire drills and when the alarm goes off my bedroom door closes automatically." There were now personal emergency evacuation plans in place for each person to give guidance about how to evacuate them safely. The provider had completed environmental risk assessments on all areas of the service.

There was now a maintenance person in post, who completed regular checks on the environment including water temperatures, to ensure the water temperature was within a safe range to reduce the risk of scalding. Previously, certificates to show that the equipment used by people and staff was safe had not always been available. At this inspection, there were safety certificates available for all equipment including hoists and the stairlifts.

At the last inspection, medicines were not managed safely, at this inspection the breach of Regulation had been met. The provider had changed their medicines provider and this had improved the management of medicines.

We observed people being given their medicines, staff allowed people time to take their medicines. One person told us, "My medicines arrive on time." Staff were trained to administer medicines and their competency was checked, when people did not take their medicines staff took appropriate action, by informing the GP and following their instructions.

There were now opening dates on bottles of medicines to ensure they were discarded when they were no longer effective. People were prescribed medicines 'when required', such as pain relief, there was now guidance in place for staff about when to give the medicines and how much to give. Some medicine instructions had been hand written by staff, these had been signed by two staff to confirm the directive was correct.

Some people were prescribed creams to be applied to their skin to keep it healthy. There was now guidance in place for staff about where to apply the creams and for staff to sign when creams had been applied. The temperature of the fridge and room where medicines were stored had been recorded and were within the recommended limits to ensure medicines remained effective. The temperature in the room where medicines were stored was constantly near the upper limit that was safe. We discussed this with the provider and acting manager, as if the weather was hot there was a risk the temperature in the room would increase and not be within the recommended safe limits. The provider agreed that they would look at the storage of medicines to ensure they continued to be stored safely. We will follow this up at the next inspection.

There were policies and procedures in place to protect people from infection. The service was clean and odour free, there were sufficient domestic staff to maintain a high standard of cleanliness. Protective clothing such as gloves and aprons were available throughout the service and staff used these when required.

People were protected from the risks of abuse. Staff had received training in how to recognise abuse. Staff told us how they would report any concerns they may have and were confident that the acting manager would act. The acting manager explained the action they would take if a concern was reported to them.

There were sufficient staff on duty to meet people's needs. One person told us, "I can reach my call bell and they come very quickly." During the inspection, staff answered call bells quickly. Staff were able to spend time with people in the communal lounges and in the garden. Duty rotas showed that any holiday or sickness had been covered and that staffing levels had been constant. Staff confirmed that the staffing levels were constant and if required, such as staff sickness, the acting manager or provider would provide support.

Staff were recruited safely. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. There was a full employment history, references and identification. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began

working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

## Is the service effective?

### Our findings

People told us that staff supported them to make choices and live their lives how they wanted. One person told us, "I get up at the time I want to." Another person told us, "The staff always ask me what I would like to do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack 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 so that they can 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 Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA.

People's mental capacity had been assessed and DoLS had been applied for when required. There were no DoLS authorisations in place at the time of the inspection. However, when decisions had been made such as the use of bedrails, with people and their relatives, this had not been consistently recorded. People and relatives confirmed that they had been part of the decision. The recording of decisions was an area of improvement.

Staff understood their responsibility to include people in making decisions about their care and support. Staff asked people how they wanted to spend their time and what they would like to eat or drink. Staff described how they gave people choices and supported them at hospital appointments to be involved with any decisions about their care. One person told us, "Staff take me to regular hospital appointments."

Before moving into Spencer House, people and their relatives met with the acting manager to discuss their needs. The acting manager completed an assessment to ensure that the staff would be able to meet their needs. The initial assessment covered all aspects of people's lives including cultural and spiritual, this assessment was used as the basis for the care plan.

People's health needs were assessed in line with guidance from the National Institute of Clinical Excellence (NICE) which states that risks to people's health such as skin damage, falls and malnutrition should be assessed using a recognised tool. Each person had an assessment for nutrition, falls and skin integrity and the results were used to plan the person's care.

Staff monitored people's health and reported any changes to healthcare professionals such as the GP or district nurse. One person told us, "They have called the doctor when I have needed one." People's weight was monitored and if people lost weight they were referred to the dietician, any advice was recorded and followed by staff. People had access to health professionals such as dentists, opticians and chiropodists when required.

People were supported to eat and drink to remain as healthy as possible. People liked the food and had a choice of meals. One person told us, "The food is very good; there is always a choice." Another told us, "The chef comes around 9.30am and asks what we want for dinner." The kitchen staff were aware of people's dietary needs including diabetic diet and pureed food. One relative told us, "Instead of the food being pureed altogether, each item is done separately so that it looks nice on the plate." We observed the lunch time meal, all the food looked appetising and when people did not want their meal they were offered alternatives that they might like.

People were supported to lead as healthy lives as possible. Staff supported people to go for walks and take part in armchair exercises. We observed people laughing while they took part in the activity and they told us it was fun and made them feel well.

Staff received training appropriate to their role. Staff told us they received supervision to discuss their training and development, however, these supervisions were not always recorded. This was an area for improvement. Staff received additional training in health conditions such as diabetes and epilepsy. Staff told us how they supported people with diabetes and what they would do if people became unwell. We observed staff use equipment safely to move people.

New staff completed an induction, including working with more experienced staff to learn about people's choices and preferences. Staff competencies were assessed before they were able to work by themselves.

Spencer House is a large converted house that has been adapted to meet the needs of people living at the service. There were stair lifts so that people could access the upper floors. The providers had continued to adapt the house. A new bathroom had been completed recently which included an easy access shower and bath. People told us that they enjoyed using the shower. The provider had plans to adapt the bathroom on the ground floor.

## Is the service caring?

### Our findings

People and relatives told us that staff were kind and caring. One person told us, "Staff are kind and caring; they are friendly and have a chat with you." A relative told us, "The staff are absolutely brilliant, friendly and caring and always make sure everyone is all right. I could not wish for anything better for my relative."

Staff knew people well and strong, caring relationships had been built. Staff spent time with people, they appeared to enjoy each other's company, laughing and smiling. People spoke warmly about staff and how they wanted to spend time with them. One person told us, "Staff quite often pop into my room and have a chat."

Staff encouraged people to be as independent as possible. People were supported to walk with their walking aids, staff gave gentle encouragement and knew what comments people responded positively too. Staff told one person that they were helping the staff when they were going into the lounge, this made the person smile. Staff supported people discreetly when in communal areas, ensuring they spoke quietly and only so the person could hear them.

Staff did not hurry people giving them time to eat their meals or mobilise. When people became anxious, staff knew how to reassure people, focusing on the positives that people could achieve. One person became anxious at lunch time, staff helped them to decide what they wanted to eat and encouraged them to eat independently.

People's dignity and privacy was respected. Staff knocked on people's doors and waited for them to ask them in. Staff described how they maintained people's dignity, by covering them with a towel when supporting them to wash.

People were supported by relatives and staff to participate in planning their care. Care plans had been signed to say that they had been agreed by the person or their relative. People were supported to maintain relationships with friends and family. Relatives told us they could visit when they wanted and were always made to feel welcome. People were supported to attend services of their faith when people wished.

People had been encouraged to personalise their rooms. Each bedroom was different, people had decorated their rooms with photos and pictures. People had their own bedding and soft toys were placed on the beds. There were ornaments in people's rooms and in the communal areas, people told us that this made the service feel homely.

When people decided to stay in their rooms, this was respected by staff. People were checked to make sure they had everything they needed. Staff answered the call bells quickly when people needed assistance. People were able, some with support, to share their views about their care and treatment with staff and others. When people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's

interests either by supporting people or by speaking on their behalf.

## Is the service responsive?

### Our findings

People told us that staff responded to their needs and they received their care and support in line with their choices and preferences. One person told us, "I normally go to bed when I like."

At the last inspection, each person had a detailed care plan that included personal preferences and choices. At this inspection, the care plans had been re-written and did not always contain detailed information about how staff should support people. Some care plans explained when people liked to get up or go to bed, if the person preferred a male or female carer to support them.

Some people were living with poor eyesight and required assistance with mobilising, however, there was no guidance for staff about how to support the person in the way they preferred, to remain safe. Other care plans contained contradictory information about the support people required. In one care plan there was information about how to support a person at night to meet their continence needs, this was contradicted by the information provided in the mobility care plan. The mobility plan stated the person wanders along the corridor but the continence care plan stated that the person needed staff to support them to the toilet. Staff told us that the person needed to be supported always with their mobility. Another person's care plan stated that they should have a 'crash mat' by the side of their bed during the night, however, the person had bedrails.

Staff knew people well and how they liked to be supported, staff described how they supported people and this was observed during the inspection. People we spoke with confirmed that staff supported them in the way they preferred.

The provider had failed to maintain accurate, complete and contemporaneous records in respect of each person. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Information was displayed around the service but not all had been displayed in a way that people with a sensory disability were able to understand. For example, some people were living with very poor eyesight, there was no accessible information about their care plans and how to complain was not available in any additional formats such as large print or easy read.

People told us that staff supported and explained to them the information and they were happy with this. We discussed this with the provider and acting manager who agreed this was an area for improvement.

People were asked about their end of life wishes; some people did not want to discuss their wishes and this was respected. Staff recorded people's wishes when known. The GP and community matron visited regularly and staff discussed people's changing needs. When appropriate; a plan was agreed with the



person and their family for end of life care. Staff liaised with the GP and district nurse to ensure that medicines to keep people comfortable were available and used when needed.

People took part in activities they enjoyed. There was now an activities organiser in post and there were activities available each day. They told us that the provider was supportive of them trying new activities including baking. There was also a timetable of outside entertainment for people to enjoy. At the last inspection, people told us they would like to help look after the garden. People were now involved in the garden, there were raised planters that people had planted with flowers they had chosen and were looking after them. People told us they enjoyed gardening and sitting out in the garden enjoying their work.

The provider had a complaints policy in place and this was displayed in the service. There had been one complaint received and this had been investigated following the providers policy. People told us they were happy to raise any concerns they had with the provider or acting manager and they were confident they would deal with the concern appropriately. However, the complaints policy was not available in other formats such as pictorial or easy read. This is an area for improvement.

## Is the service well-led?

### Our findings

People and relatives told us they thought the service was well led. One relative told us, "I can speak to the owner when I want to; I can phone up or speak to them when I visit; they are a brilliant team." One person told us, "I think this place is well led."

However, despite the positive comments the service was not always well led. At the last inspection the service did not have a registered manager, the provider had employed an experienced manager, who had registered. In May 2018, the registered manager left the service and there was now an acting manager in post.

Previously, the checks and audits by the provider had not been consistently completed and there were shortfalls in the maintenance of the building, the safe management of medicines and maintaining accurate records. At this inspection, the provider had acted to meet the regulations in relation to the maintenance of the building and safe management of medicines. However, the provider had entrusted the previous registered manager to maintain accurate records including care plans, audits and to improve the quality of the service. The provider had not maintained oversight of the service and had not identified the shortfalls identified at this inspection.

Checks and audits had not been consistently completed to include all areas of the service and when completed had not identified the shortfalls found at this inspection. There had been no audits completed to check the cleanliness of the kitchen, infection control, health and safety, recruitment, care plans or accidents and incidents.

People's records were not accurate and up to date, they did not contain detailed guidance for staff to follow to mitigate risks. Accidents and incidents had not been analysed to identify trends and patterns to learn lessons and reduce the risk of them happening again.

The provider had failed to maintain accurate and complete records. The provider had failed to monitor and mitigate the risks relating to the health and welfare of people. The provider had not assessed, monitored and improve the quality of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager had been in post since the beginning of June 2018 and had undertaken a complete audit of all aspects of the service. They had identified all the shortfalls found at this inspection and had produced an action plan to rectify the shortfalls found. They had already started to act. For example, they had instructed the maintenance person to move the smoking area and put up carbon monoxide monitors, this was observed during the inspection. The acting manager had also incorporated a section for the provider to complete on each audit, so they would be aware of the shortfalls and action they had taken.

There was an open and transparent culture within the service. People told us they saw the providers all the time. We observed people chatting and laughing with the provider, they assisted people when required.

Staff told us that the providers were always available and easy to talk to. One person told us, "The owners are very much hands on and have concern for the residents; they are like one of the family."

The provider and acting manager had a vision that the service would become more involved in the community and for people to be more involved in the service. The acting manager had planned for a garden fete and for children from local nursery school to come in and spend time with people.

People and relatives had been asked for their opinion on the quality of the service. A quality assurance survey had been completed in January 2018 and the results were mainly positive, the provider had put an action plan in place to address the issues raised such as a phased upgrade of the furnishing.

People and staff attended regular meetings. Minutes of the meetings showed that suggestions had been made and action plans had been put in place and changes made to make improvements for people. For example, staff had suggested that a wet room should be incorporated into the bathroom and this had recently been completed. Some people had mentioned that tea at 5pm meant that they could not always see the end of their television programmes, tea was now at 5.15pm.

The staff worked with other agencies such as the local authority, safeguarding teams and care home nurses. A social care professional told us they work well with the provider. The provider was aware of local forums and groups for registered managers to help keep them up to date with practice in social care. However, they had not attended, the provider told us that they and the acting manager would be attending in the future to support improvement within the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall. The service did not have a website.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain accurate and complete records. The provider had failed to assess, monitor the risks relating to the health and welfare of people. The provider had not assessed, monitored and improve the quality of the service.</p>