Ilford Homes Limited

Sweetcroft Residential Care Home

Inspection report

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Date of inspection visit:
13 September 2017
14 September 2017

Date of publication:
09 April 2018

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?	Inadequate

Summary of findings

Overall summary

The inspection took place on 13 and 14 September 2017 and was unannounced. The last inspection took place on 1 September 2016, at which time we found breaches of Regulations relating to the need for consent, failure to send notifications of incidents and good governance. Additionally we made a number of recommendations relating to the management of medicines, staff support through regular team meetings, the home's décor and activity provision. Since the last inspection, some improvements had been made, but some areas required further improvement.

Sweetcroft Residential Care Home is part of Ilford Homes. It provides personal care to older people and accommodates a maximum of 20 people. At the time of our inspection there were 20 people living at the service.

The service had a registered manager in post. 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.

At the inspection, we found the service did not have sufficient staff to meet the needs of the people using the service and the provider did not always follow safe recruitment practices.

Risk assessments were not robust enough and incident forms did not record outcomes or indicate what preventative measures were taken to minimise risks to people using the service. Not everyone had a personal emergency evacuation plan (PEEP) so staff and others were clear how to support people in an emergency.

The provider did not always notify The Care Quality Commission when people were granted deprivation of liberty authorisations and not all people's files had completed consent to care forms.

The service did not always provide meaningful activities for people using the service.

The provider did not have effective quality assurance procedures. They did not ensure record keeping was always complete or contemporaneous and there was no analysis of information to develop and improve service delivery. Additionally, the provider did not display their ratings in the home or on their website.

Medicines administration records (MARs) were correctly signed and medicines stock tallied with the numbers that had been supplied and administered. However, there was no staff signature sheet to indicate who had initialled the MAR charts.

Staff we spoke with had completed safeguarding adults training and knew how to respond to keep people safe from potential harm. Staff had the relevant training and support through supervisions and appraisals to

develop the necessary skills to support people using the service.

People were supported to have maximum choice and control of their lives and staff were responsive to individual needs and preferences. People using the service had developed positive relationships with staff.

People's dietary requirements were met and we saw evidence that relevant health care professionals were involved to maintain people's health and wellbeing.

Relatives and staff said the registered manager was accessible and approachable. People knew how to make a complaint but there had been no complaints to the service.

We found seven breaches of regulations during the inspection. These were in respect of staffing, fit and proper persons employed, safe care and treatment, person-centred care, requirement as to display of performance assessments, notifications of other incidents and good governance.

We are taking action against the provider for failing to meet regulations. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not always a sufficient number of staff deployed in the home to meet people's needs.

Safe recruitment procedures were not always followed to employ suitable staff.

Risk management plans were not always robust enough to provide the necessary information to help staff maintain people's safety.

Not everyone had a personal emergency evacuation plan (PEEP).

Medicines were overall managed safely, but we did not see a staff signature sheet.

Staff knew how to respond to safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider did not always follow the principles of the Mental Capacity Act 2005 (MCA) to help protect people's rights.

Staff had appropriate support through training, supervision and yearly appraisals.

People's nutritional needs were met and people had access to relevant healthcare.

Is the service caring?

Good

The service was caring.

All stakeholders said staff were kind and caring.

People's dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were aware of people's likes and dislikes but there was little background information in people's files.

Staff reviewed people's needs monthly and made any necessary changes to care records.

The service had a complaints procedure and people knew how to make a complaint if they wished to.

Is the service well-led?

Inadequate

The service was not always well led.

The systems in place to monitor the quality and safety of the service and to ensure people's needs were being met, were not always effective.

The provider did not analyse incidents and accidents to improve and develop the service.

The provider had not notified The Care Quality Commission (CQC) of Deprivation of Liberty Safeguards (DoLS) authorisations as required.

CQC ratings were not displayed in the home or on the home's website as required by law.

The registered manager was accessible and knew the needs of people well.

Sweetcroft Residential Care Home

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.

The inspection took place on 13 and 14 September 2017 and was unannounced. The inspection team included an 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.

Prior to the inspection we looked at the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We viewed the Provider Information Return (PIR) which the provider completes and sends to us to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority's safeguarding team and commissioning team to gather information about their experience of the service.

We spoke with four people who use the service but the majority of people using the service had complex needs and were not able to fully share their experiences about living at the service with us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. During the inspection we spoke with five relatives, the registered manager, catering staff, seven staff members and two visiting professionals.

We viewed the care files of five people using the service and seven staff files that included recruitment records, supervision and appraisals and we looked at training records. We looked at medicines

management for five people who used the service. We also looked at records including maintenance and servicing checks and audits.

Requires Improvement

Is the service safe?

Our findings

During the inspection, we viewed the staffing rotas for August and September 2017. The rotas indicated that in the morning, there were four care assistants, one of whom provided support in the kitchen, a domestic staff member, a cook and the registered manager. In the afternoon, there were three to four care assistants and a catering member of staff, and at night there were two care assistants. Nights were sometimes covered by agency staff. The registered manager said they were advertising for two staff posts. In the interim, staff were working extra hours and agency staff were being used to cover shifts if someone rang in unwell. During the inspection we became aware two more care assistants had resigned and that would further impact on the staffing levels and how care was delivered.

Staff told us, "I think we are desperately understaffed. We use agency staff. People are leaving but not being replaced", "Nearly every day someone phones in to say they can't come in. At night there are only two carers and [some people] are up at night", "We have enough staff but staff don't like doing laundry", "We need more staff here badly especially night shifts. Two staff and bells go off all at once and staff can't get to them" and "We don't have enough staff. We have more residents who need two staff [to support them] and sometimes three staff. It's hard. More people in the morning and not enough in the afternoon."

Relatives said, "I don't think they'll ever have enough [staff]", "Short staffed at the moment", "[Bathing] on a rota is difficult. Not enough staff to cope with everyone" and "…very satisfied with the care services delivered to [person].The staff are in a difficult situation to work in, as they are always short of staff."

A number of care plans we looked at said people required staff support to mobilise. The registered manager and staff said there were two to three people out of 20 who could mobilise independently to go to the toilet which meant only four staff were supporting 18 people with this task. We observed that staff completed care tasks rather than provided person centred care because there were not enough of them. For example everyone was assisted to the toilet prior to lunch and were then brought into the dining room to sit. This meant the person who had been assisted first sat in the dining room without an activity for half an hour before lunch was served.

Relatives were encouraged to take people to appointments as there was not extra staff to do this. At dinnertime on the second day of our inspection, one staff member supported two people at the table. We discussed our concern that there were not enough staff to meet the needs of this particular service user group with the registered manager. They said shifts were covered, for example by themselves, and it took a bit of time to get cover if someone rang in unwell, but the shifts were ultimately covered. However, they said they would raise the issue of staffing with the provider.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that although the provider had appropriate systems for the recruitment of staff, safe recruitment practices were not always followed. We saw three staff files had references from friends but did not have

employment references, two files had incomplete employment histories and one file did not record the reasons for employment gaps between 1994 and 2017, which we alerted the registered manager to. However, this meant we could not be confident people were being cared for safely by suitable staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other recruitment checks for staff were carried out such as identity checks and criminal record checks.

People had general risk assessments for inside/outside the home, sitting/standing, bathing, bed, toilet, transfer and stairs. The general risk plan of care noted the current situation and the aim of the care with instructions for staff and a monthly review sheet. Other risk assessments included moving and handling, which included handling recommendations and equipment, and a falls risk plan of care with a risk assessment tool and falls diary with details and actions resulting from the fall. Each person had a risk assessment but these were not always robust enough. For example we saw evidence that one person could be verbally aggressive toward staff. The service used ABC (Antecedent/ Behaviour/ Consequence) charts to record the person's behaviour and they had been referred to the mental health team to be assessed but there was no risk plan in place to provide staff with guidance for how to respond to the person when they behaved in a way that challenged the staff. A second person had a pressure ulcer and we asked if staff used a turning chart. The registered manager said the person was seen by the district nurse and turned two hourly by staff but there was no written record of this and therefore no evidence that the risk of the pressure ulcer deteriorating, was being minimised.

The accident form did not comply with the accident procedure that stated 'learns from adverse events…so the risk of these being repeated is reduced to a minimum' as the accident form was generic with no actions, outcomes or preventative measures recorded to indicate what had been learned to minimise the risk. Staff we spoke with said if there was an incident or accident they would record it, phone for an ambulance, tell the manager and tell the family. Incidents and accidents were recorded in the folder and sent to the local authority monthly. The registered manager completed a monthly audit but there was no specific analysis.

The above paragraphs are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives told us they felt safe. Staff we spoke with could name the types of abuse and knew how to respond to raise a safeguarding alert with their manager. They were also aware of the whistleblowing procedure.

The provider had a contingency plan for local emergencies and a fire policy, dated October 2015. A fire risk assessment for the home was dated 23 September 2016. We saw the fire list only recorded 18 out of 20 people using the service and there were only 18 out of 20 personal emergency evacuation plans (PEEPs) which meant two people did not have PEEPs in place. We brought this to the registered manager's attention to update.

There were checks to ensure the environment was safe. Checks had been carried out for the fire alarm system, fire equipment, gas safety and electrical safety and fridge and freezer temperatures were recorded daily. We also saw evidence of six monthly fire drills.

The provider did not manage peoples' overall finances, however people could leave their petty cash to be managed by the registered manager. The service kept an audit of each person's expenses, which relatives

could access when they were topping people's money up. The records we looked at reconciled against the money being held by the service. This reassured us people's money was being managed safely.

Staff undertook medicines training every three years. In August 2017, all staff completed a written workbook as part of refresher training for medicines and the registered manager told us they were in the process of starting medicines competency observations from September 2017. The service had a medicines policy that was last updated in October 2016 and had guidance for self-administration, refusal, storage, errors, disposal, training and PRN (as required) medicines.

We looked at medicines administration records (MARs) and reconciled medicines for five people including one who used controlled drugs. The MAR charts had relevant information such as allergies and medicines were correctly signed for. However, there was no staff signature sheet to identify who had initialled the MAR charts. The registered manager said they would add a signature sheet. We found the stocks tallied with the numbers that had been supplied and administered. The registered manager undertook a medicines audit and the stock check was recorded on the MAR charts.

Requires Improvement

Is the service effective?

Our findings

At the inspection on 1 September 2016, we identified a breach of Regulation relating to people consenting to their care and treatment. This was because when we checked if the service was working within the principles of the Mental Capacity Act 2005 (MCA) we found most staff lacked a working understanding of the principles around choice and consent. It was not clear from the files if people had been assessed as having capacity to consent, and when they lacked capacity, how a best interests decision had been made. During the inspection on 13 and 14 September 2017, we saw the service had improved.

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. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection on 13 and 14 September 2017, we found that not all files had completed consent forms. Each person had a mental health assessment tool that was reviewed monthly. We saw evidence for one person of a mental capacity assessment and best interests decisions to administer medicines and to remain at Sweetcroft had been made with a relative and social worker present. The registered manager said they were also aware if someone required bedrails the service would need to get consent and if the person could not give consent then a best interests decision needed to be made with the involvement of people's relatives and healthcare professionals.

Most staff we spoke with had completed MCA training in the last year and were able to demonstrate a basic understanding of DoLS, knew people could not be restricted without a DoLS authorisation in place and that the conditions attached to DoLS authorisations were recorded in people's care plans. Staff we spoke with understood the principles around consent to care and acting in a person's best interests. Comments included, "Get permission to do something. If they refuse us, we can't do it" and "We always ask people what they want and they can refuse."

When we asked people using the service and their relatives, if staff had the skills to meet people's needs, comments included, "Sometimes the care is a bit poor, such as the response to the call bell and assisting me with bathing. Apart from that they seem fine but more improvement is needed", "My care has been good with some carers but not all of them seem good", "Some staff do meet [person's] needs, although more needs to be done to improve other areas", "The staff do try hard to meet [person's] needs, but it is not easy for staff due to the environment they work in. More needs to be done to improve the place", "Staff are skilled enough to take care of [person]" and "Staff have the skills required."

Staff told us they had an induction to the service and shadowed more experienced staff but there were no written records of this. We saw a supervision matrix that indicated staff had practice observations in January

and May 2017, one to one supervision in March and July 2017 and appraisals were scheduled for November 2017. Staff said, "I get supervision every six months. [The registered manager] watches how we work and asks us questions. They choose a specific area to observe."

The training database indicated staff last completed safeguarding training, medicines training and MCA training in 2015 and 2016. All but two staff were enrolled in the Qualifications and Credit Framework (QCF) levels 2-4 and two staff were doing a monthly course on frailty and falls with the local authority.

People using the service told us, "I don't like the food but I am given a choice. Staff do help me with my food, but not all the time. I don't drink enough. I do need help with my intake of food and fluid" and "We have our meal at the same time. We are not rushed when eating our meal. Our best meal is fish and chips. I hope we can have more of what we like. They do give us choice." A relative said, "The menu is what we would eat at home. [Person] does need more help to eat one to one but if they're busy, it's difficult."

Staff told us people were asked what meals they would like and were aware of people's dietary needs. Comments included, "People always have a few meal choices – one meat and one vegetarian. We ask them what they want. [The registered manager] and the cook do the menus. People have access to the kitchen at any point 24/7" and "We know about nutritional needs from their care plans. There is a list about what they can and can't have" and "People are normally asked what they would like. There is a list in the kitchen of who takes sugar and who doesn't and what people want for breakfast. [Person] is diabetic and their sugar is done before every meal." We saw the list in the kitchen, however it only recorded information for 18 of the 20 people using the service and we informed the registered manager it required updating.

We saw two people needed direct support from staff at meal times and other people required assistance such as their meals cut up for them or encouragement from staff to eat. Staff told us, "Whoever is there at the time will support people with eating. We just share it between staff." We observed one person eating with their hands until a staff member saw and came to support them. However, the registered manager told us they were confident the people who required one to one support at meal times were getting the support by staff who were there.

People using the service were supported to maintain good health and access health professionals as required. People had nutritional action plans that were graded on a traffic light system with action plans and a medicines assessment was undertaken.

We saw evidence of referrals and input from other healthcare professionals including the dietician, continence clinic, district nurse, dentist, optician, physiotherapist and GP. Healthcare professionals said, "I've never had a problem. If we have a recommendation for someone, it's done. Always good reports and notes in here" and "They take appropriate action if people are unwell."

At the last inspection, we recommended the provider improve the décor of the home. We saw some improvements had been made including some rooms had been painted and new furniture had been bought. One person's floor was being replaced after their radiator had leaked. However, the chairs in the lounge all had distinct marks were people had rested their heads. The registered manager told us the chairs had been cleaned three months ago but our observation of the marks showed this was not often enough. In addition on the ground floor hallway we observed uneven flooring due to damp. The registered manager said they had reported the problem and were waiting for it to be repaired imminently.

Good

Is the service caring?

Our findings

People and their relatives told us, "Staff are very nice and compassionate", "Some of the staff are nice, nonetheless, a shortage of care staff does prevent carers from delivering the quality care needed", "The staff and carers are very good and attentive at the work they do", "The girls are very good. It feels comfortable. This is good and the girls all speak English and the people are English", "I think they treat her as if she was their own mum. [Person] is always clean and looked after", "I think it's great. I love it. I think it's really homely" and "I like the atmosphere here. They're very friendly. I can't fault them. They're upbeat. The place is always clean."

Relatives were encouraged to visit and they told us, "We don't have restrictions on visiting hours. We are always welcome as long as we don't disturb other residents", "They're very good. They phone me if there is a problem. I see [person] every day", and "I can come here at any time of the day." Healthcare professionals said, "Staff know about the residents. They don't have to ask someone else. They have a good rapport" and "They tend to communicate well with the patients even if they have dementia, they speak to them as people and say we're doing this or doing that."

We observed there was friendly chatting between staff and people using the service. Staff clearly knew people, their interests and their families. We observed staff getting down to be at eye level with people sitting down and using a caring tone to speak with them. Staff were caring and patient. For example, we saw one person had their tablet in their mouth but would not swallow it. The staff member took their time trying to persuade the person to have a drink of water and then asked for a cup of coffee for them. While waiting for the coffee they chatted with the person and then watched them swallow their medicine and checked their mouth to make sure they had.

People's independence was promoted and staff told us people had choices, particularly around personal care support. Staff comments included, "We all work well as a team. We're really good at getting [people] to walk. We try our best to get their independence back", "We try to encourage them to do as much as they can for themselves, like washing. We try to get some of them to walk, dress themselves", "It's important to do it how they want it done. Encourage them. Everything I do I say I'm going to do this, is that okay?", "Make sure they are comfortable and happy. Talk to them while doing care", "Be respectful. It can feel like [residents] have lost their independence. Make them feel comfortable. Ask questions. Get to know the people" and "Encourage them to do what they can. Ask and reassure them if they need help."

Requires Improvement

Is the service responsive?

Our findings

At the inspection on 1 September 2016, we recommended the provider review activity provision in line with The National Institute for Health and Care Excellence (NICE) guidelines. At this inspection we saw little had changed with regards to providing meaningful activities for the people using the service. People had social care and activity plans but the needs recorded were very general such as 'tv, chatting, whatever is going on', 'doesn't have a preferred activity' and 'encourage person to do things they like'. We saw staff having singalongs with people and providing some pampering activities such as manicures, but not many people engaged in the activities. Staff said activities included exercises, painting, snakes and ladders, bingo and in the past animals had visited. They also told us they had asked families to bring in photos to make memory boxes for people. However, overall the service was not person centre regarding activity provision and the activities on offer were not very meaningful for most of the people using the service.

A healthcare professional said, "[Staff] are very hands on with [residents]. There's always activities going on" but most staff and relatives felt there were not many activities and this was the result of not having enough staff. A relative said, "The number of staff and resources required for the jobs advertised has not been delivered by the provider" and a staff member said, "Not enough activities. Really hard when we have residents who don't want to participate. Same old thing. Need more choice and more staff to facilitate the activities."

The paragraphs above show that overall the service was not person centre regarding activity provision and the activities on offer did not fully meet the needs of the people using the service.

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

People were referred to the service by the local authority. The registered manager completed an assessment of the person's needs and the person visited the service for the day to decide if the service would be suitable for them. Assessment forms contained information regarding people's physical needs, diet, falls, a risk assessment, advocacy, social needs, religious preferences and likes and dislikes. Staff told us, "We look through their care plans and ask them questions on the admission form. The families add to it and the GP or social worker and obviously we ask people as well." Each file also had a client profile with relevant contacts, the person's needs, funeral arrangements and the person's description.

The care plans indicated what people's morning, afternoon and night routines were and their likes and dislikes. It also noted what people could do independently and their social needs such as 'likes to chat with all residents and care staff'. However there was very little personal history and background, so staff had the necessary information to fully approach care from a person centred perspective.

Relatives told us they were involved in reviews and in best interests decisions for their family member. We saw reviews included a record of people's likes and dislikes. Reviews were held monthly and care plans had an attached record that indicated the review date and if the care plan required modifying. Staff said, "Every

month we review the care plan. Some service users sign it if they can and if they can't, we get the family signing" and a relative said, "We've had everything including an assessment and review and had the psychiatrist and the man from DoLS."

The service had an easy read complaints policy and staff told us, "We have a book we write all complaints in and tell [the registered manager]." However, there had not been any complaints since the last inspection. Relatives said, "The home responds to what I ask" and "If I wanted to complain I would contact the social worker or [the registered manager]."

Inadequate

Is the service well-led?

Our findings

At the inspection on 1 September 2016, we identified a breach of the Care Quality Commission (Registration) Regulations 2009 regarding the notification of incidents. This was because the registered manager had not reported a serious injury as required by the Regulations. During the inspection on 13 and 14 September 2017, we found the service had not been notifying the Commission of people who had their liberty restricted as a result of DoLS authorisations.

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

At the inspection on 1 September 2016, we identified a breach relating to the leadership of the service. There was a lack of effective monitoring, analysis, documented outcomes and actions required to improve the service to meet the needs of the people using it. During the inspection on 13 and 14 September 2017, we saw there was some improvement but not enough to meet the Regulation. The provider had audits for medicines, fire safety, finances, health and safety and infection control and the registered manager told us they planned to start auditing staff and care files with immediate effect. However, the quality of the audits was not robust enough. The infection control was a weekly checklist with no comments and the health and safety checklist did not have actions completed indicating everything was always safe. Staff files were not being audited at the time of the inspection and we saw incomplete information regarding safe recruitment. Care files were not audited and there were gaps in the required information such as consent forms and risk assessments.

Record keeping was not always complete and contemporaneous. For example, the registered manager told us one person was being turned two hourly but this was not being recorded, night staff were not recording their checks on people and not all people had completed consent forms. In addition, the dietary needs list in the kitchen and people's Personal Emergency Evacuation Plans only had the names of 18 out of 20 people using the service recorded on them. Furthermore, there was no analysis of information to develop and improve service delivery as demonstrated by the incident and accident forms and feedback surveys. The lack of robust records and data management systems meant the service could not ensure a consistent quality of care. Not having a comprehensive overview of the service impacted on the service's ability to improve service delivery and keep people safe.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where a provider has received a rating of its performance by the Commission following an inspection, it is required to display the rating. The provider did not display their ratings on their website and it was not visibly displayed in the home.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff told us the registered manager and deputy manager were available but had mixed opinions on how responsive they were to issues raised. Some staff said they thought the registered manager did not like confrontation and was not employing reliable staff. Comments included, "[The registered manager] is accessible. They listen but don't always act on it", "[The registered manager is okay. If you mention something, they'll look into it" and "[The registered manager] is quite caring. She listens to concerns." A relative said, "[The registered manager] absolutely listens. They all stop and look you in the eye and listen. I never feel brushed off." Healthcare professionals told us, "[The registered manager] is absolutely skilled. I always recommend this home. The patients are well cared for. They ring us straight away if there is a pressure sore" and "Communication is good. [The registered manager] knows what is going on with everyone."

The registered manager had been covering shifts for staff who called in unwell and this meant they were not in the office as much to complete the tasks related to their role. One staff member told us, "[The registered manager] and [deputy manager] are always on the floor" and another said, "I think it would be useful for [the provider] to be involved in all aspects. He doesn't visit often" and "The provider could be involved."

To keep up to date with current developments in the care home sector, the registered manager received updates from the provider's manager meetings and the local authority emails system and they also attended the local authority's provider forum and registered manager forum.

The service had only had one team meeting in July in 2017. The minutes were not yet written up at the time of the inspection and the registered manager told us they planned to have team meetings every three months. A residents and relatives' meeting was also held in July 2017.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. 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 registered person had not always assessed the risks to the safety of service users. Regulation 12 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not make sure that recruitment procedures were operated effectively to ensure the information specified in Schedule 3 was obtained in relation to each person employed. Regulation 19(3) (a) Schedule 3

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care	The registered person did not ensure that sufficient numbers of competent staff were employed at all times. Regulation 18(1)

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did notify the Care Quality Commission of Deprivation of Liberty Safeguards authorisations. Regulation 18(4A)

The enforcement action we took:

Fixed penalty notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not did maintain accurate, complete and contemporaneous records in respect of each service user, persons employed in the carrying on of the regulated activity or the management of the regulated activity. Regulation 17(2) (c) and (d)

The enforcement action we took:

Issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider did not display their performance rating by the Commission following their last inspection. Regulation 20A (2) and (3)

The enforcement action we took:

Fixed penalty notice