Haven House Care Limited

Haven House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Inadequate**

Overall summary

This inspection was carried out on the 30 September 2015. Haven House Residential Care Home is a home which provides accommodation and personal care for people who have a long term mental health condition. The home provides care and accommodation for up to 19 people over two floors. On the day of our visit 15 people lived at the home.

On the day of our visit there was a registered manager. 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.

Summary of findings

Risks to individuals were not always appropriately managed and risk assessments for people were not detailed.

There were not sufficient members of staff on duty to meet the needs of people. However staff recruitment files contained a check list of documents that had been obtained before each person started work which ensured that only suitable people were employed. Not all staff had received training specific to the needs of the people who lived at the service. Staff did not always have the appropriate and up to date skills and guidance in relation to their role.

Medicines for people were managed appropriately. All medicine was stored, administered and disposed of safely.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Capacity assessments had not always taken place for people in accordance with the Mental Capacity Act 2008 code of conduct.

People did not have access to fresh and nutritious food. Where people had lost weight this and was not being addressed by staff at the service. However people did say that they enjoyed the food.

People were not always encouraged or supported to be involved in their care. The lounge and people's rooms were not homely or personalised. People said that the staff were caring. One told us that they liked the staff "Very much." We saw caring and kind interactions with staff and people during the inspection. People were treated with respect and dignity.

Pre-admission assessments in people's care plans were not detailed and staff did not always have the most up to date and appropriate information to enable them to respond to people effectively. However staff we spoke with were able to tell us about the care that they provided to / for people and it was clear that they knew about people's individual diagnosis and health needs.

People did not always have choice regarding their daily routine and what activities they wanted to take part in or were supported by staff to undertake meaningful activities.

Quality assurance systems were not robust and were not used to improve the quality of the service. There was no discussion with people around how they could be involved or empowered to be part of any improvements to be made in the service. Staff did not always feel supported in their role.

Daily records compiled by staff detailed the support people received throughout the day. People did say that they enjoyed walking down to town. We saw from the activity notes that those people who were able to go out independently did so when they wanted.

People had access to a range of health care professionals, such as the GP, Community Mental Health team, dentist and opticians.

There was a complaints procedure in place for people to access. Complaints were dealt with appropriately.

The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of

Summary of findings

inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

Risks were not assessed and managed well, and risk assessments did not provide clear information and guidance to staff.

People were at risk because there were not enough qualified and skilled staff to meet people's needs.

Staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Staff understood and would recognise what abuse was and knew how to report it if this was required.

Medicines were stored and disposed of safely. 'As and 'when' medicines were being managed appropriately.

Is the service effective?

Inadequate

The service was not always effective. Staff had not received appropriate up to date training specific to the needs of people. They had not had regular one to one meetings with their manager.

Mental Capacity Assessments had not been completed for people where they lacked capacity.

People's weight, food and fluid intakes had not always been effectively monitored and managed. People did not always have access to nutritious food.

Peoples whose health was deteriorating was not being monitored effectively.

Is the service caring?

Requires improvement

The service was not always caring.

People were not always involved in their planning of care.

People were treated with dignity and respect.

People did have their privacy protected and staff interacted with people in a respectful and positive way.

People told us that staff were caring.

Is the service responsive?

Requires improvement

The service was not always responsive.

Staff did not always respond appropriately to meet people's needs. Care plans did not always detail the care people needed.

Summary of findings

Staff we spoke with knew the needs of people they were supporting.

Complaints were recorded, logged and responded to.

Is the service well-led?

Inadequate

The service was not well-led.

There were not effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had not always been addressed.

There were mixed responses from staff about whether they felt supported, listened to and valued in the service.

Haven House 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on the 30 September 2015. The inspection team consisted of one inspector and a mental health nursing specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) because we inspected in response to concerns. This 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.

During the visit, we spoke with eight people who used the service, the registered manager and three members of staff. We spent time observing care and support in communal areas. Before and after the inspection we spoke with two health and social care professionals.

We looked at four care records of people who used the service, medicine administration records, recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was on the 10 and 11 June 2014 where we found our standards were being met and no concerns were identified.

Inadequate

Is the service safe?

Our findings

Risks to individuals were not always appropriately managed. Risk assessments for people were not detailed and there was little information, in most of the care plans that we looked at, around what the risks were to people and the measures needed to be taken to reduce the risk of harm. There were no risk assessments around people's behaviours, moving and handling, nutrition, skin care, personal care, communication needs, medication management, continence management or social activities.

We were aware that one person was at risk of choking however there was no risk assessment around what steps needed to be taken to reduce the risk for example a soft diet. There was no clear guidance to staff on the actions they needed to take to support this person. Another person had a history of a behaviour which could potentially put staff and other people at risk but there was no assessment around this. Staff said that this person was displaying these behaviours but told us that this was just ignored by them or the person was distracted. There was a risk that the person wasn't being supported in a way that protected them.

The environment was not always set up to keep people safe. Windows restrictors were not in place in all of the windows to prevent people falling out. In one person's room the sink was blocked which meant the person was unable to use the sink in their room. When we mentioned this to the registered manager they told us that they had been aware of this happening in the past and would look into this. We have not advised whether this has now been addressed.

In the event of an emergency, such as the building being flooded or a fire, there were no personal evacuation plans for each person. The service did not have a contingency plan which detailed where people would need to go if the service had to close. The registered manager told us that this had been raised by the local authority. They said that they had not realised that this was needed to keep people safe in the event of an emergency. This meant that there was a risk to people's safety.

As people were not always protected from risk of harm this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However staff were aware of some of the risks to people. They said that for people who were at risk of falls they needed to ensure they supported them when moving around the service. People told us that they felt safe. One person said "I feel safe with staff" but told us that they experienced anxiety at night as they didn't like being in their bedroom on their own.

There were not sufficient members of staff on duty to meet the needs of people. At the beginning of the inspection the registered manager told us that there were always three carers on duty as well as a cleaner. We later established that the registered manager was rotered on as the third carer. The registered manager said that whenever he was at the service they would be considered the third carer. One member of staff told us there are not always three carers on duty and thought that they needed more staff in order to support people when they wanted to go out. However another member of staff said that there were enough staff as it wasn't the staff responsibility to take people out. We observed that staff did not have time to spend with people as they were too busy. On the day of the inspection there were only two carers on duty and the registered manager. The registered manager told us that they didn't use a tool to assess the needs of people at the service to establish how many staff were needed. They told us that since working at the service there had been two or three carers and that the provider also supported the service when the registered manager was on leave. One health care professional told us that they felt there were not enough staff to undertake meaningful activities with people regularly.

As there was not always enough staff deployed around the service this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored appropriately. The medicine room was kept locked and only appropriate people were able to access the room. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely. The medicines policy covered receipt and administration of medications.

Where people had 'As required' (PRN) medicine there was guidance for staff on when to administer this. We did raise with the registered manager that although they told us they undertook audits of the medicine they did not routinely record this. They told us that they would ensure that all

Inadequate

Is the service safe?

future audits of medicines were recorded. They told us that when the community nurses administered injections to two people the registered manager signed the MAR chart to say this had been done despite not actually witnessing the medicine being administered. We questioned this with the registered manager as this was not good practice and they said they would ensure the nurses signed the MAR chart before they left the service in future.

We saw people being given their medicines in a safe way and with an explanation from staff or the health care professional attending the service.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction (Disclosure and Barring Service (DBS)) two references, evidence of the person's identity and full employment history. However the registered manager was unable to provide us with evidence that previous DBS checks had been undertaken for two members of staff. They told us that they were going to obtain new ones after the inspection.

Inadequate

Is the service effective?

Our findings

Not all staff had received training specific to the needs of the people who lived at the service. One member of staff told us that they would like to undertake more formal training around the specific diagnoses that people had. Another member of staff told us that they had not had any formal training around mental health but relied upon the registered manager and the previous registered manager (who still provided support at the service) for any advice on this. The registered manager told us that they had not had any training in mental health needs and relied upon the provider and the previous manager for any advice and support on the needs of people with a mental health diagnosis. One member of staff said that they didn't always feel confident when deciding whether people needed assistance with anxieties or behaviours the person was experiencing. This meant that not all staff had the appropriate and up to date skills and guidance in relation to providing appropriate support to people or to their role.

After the inspection the registered manager provided evidence of the training staff had received. Out of eight staff two had not had any of the service mandatory training for example in relation to food hygiene, moving and handling, safeguarding and first aid. None of the training provided was around the specific needs of people living at the service for example schizophrenia, epilepsy and diabetes. In addition there was no evidence that staff had received any training around infection control.

Staff were not always supported to provide the most appropriate care to people. We asked the registered manager for evidence of staff one to ones and appraisals. No evidence of one to ones was provided and staff confirmed that these did not always take place. They told us that they didn't undertake formal one to one supervisions although the service policy stated that these needed to take place. We saw that the registered manager had started to complete supervision forms for staff but none of the supervisions had taken place. There was a risk that people may not be effectively cared for.

Staff had not had appropriate training, support and supervisions and this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff did not have an understanding about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

There were no records of any mental capacity assessments. The registered manager told us that they thought most people had capacity at the service and was not aware that they had to undertake any assessments to establish this. One person did not have control over their finances. There was no evidence that the person consented to this or whether they had the capacity to consent. As there was little interaction with staff and people on the day of the inspection we didn't see any examples of staff asking consent from people in relation to care or support being provided.

The registered manager wrote to us after the inspection to state that they use the services of a consultant to assess people's capacity however there was no evidence of this in people's care plans.

There was no evidence that the Mental Capacity Act had been used appropriately to establish if people had capacity or lacked the capacity to make certain decisions. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people sat in the dining room to have their meal. We observed lunch being served; we saw that staff were not engaging with people in any meaningful way. The registered manager told us that one person had fed back to them that they felt meal times were 'dull' as there was not enough conversation. They told us that they had not been able to address this. When asked why staff did not sit with people and have their meals with them the registered manager said that they did not know.

People did not have access to fresh food. We saw that the fridges contained milk, spread, sandwich fillings and pre-made puddings but there was no fresh meat or vegetables. There was a bowl of fruit in the kitchen but we did not see anyone being offered any. All of the meals were made from frozen or tinned ingredients. We asked the registered manager about this. They told us that meals

Inadequate

Is the service effective?

were not made from scratch because the staff didn't have time to do this and it was a "Business decision" not to employ a cook. They also told us that the budget food that they purchased was cheaper than other food. There was no evidence in the kitchen of people's dietary needs, such as whether they were diabetic or required a soft diet although this was recorded in their care plans. The quality of the food had also been raised by the Local Authority in August 2015 but this had not been addressed.

People's weight was recorded monthly. We saw that two people had lost weight over the last month. One member of staff told us that they were aware that they had lost weight but couldn't understand why this was and questioned whether the scales were not working properly. They said that they were not pursuing why these people had lost weight and would wait for their annual visit to the GP.

As people were not being provided with suitable and nutritious food this is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However everyone we spoke with said that they enjoyed the food at the service. We overheard one person asking if they could have the sauce removed from the spaghetti as they didn't like it. We saw that the person was given something different for lunch. We saw people eating their meals and appeared to enjoy what they were eating.

People had access to a range of health care professionals, such as the GP, Community Mental Health team, dentist and opticians. The GP saw people regularly and people were referred when there were concerns with their health. On the day of the inspection we saw that two people were being seen by the community nursing team. However the registered manager told us that they did have some concerns about the length of time some responses to health care professional took. For example on person was referred to the falls clinic some weeks ago which still hasn't been addressed.

Requires improvement

Is the service caring?

Our findings

People were not always encouraged or supported to be involved in their activities of daily living . For instance, we asked the registered manager why people were not encouraged to participate in cooking meals. They said that they "Wouldn't feel comfortable with clients preparing food." There was nothing in the care plans to suggest that people were not safe preparing food or participating in cooking. The registered manager told us that it had never been considered.

We were told by the registered manager that they didn't always involve people in their care planning but would try and encourage them to read the plans once they had been written. They said that they had attempted to sit people in their office and ask them what they wanted but found that people didn't always engage with this. One carer we spoke with also confirmed that they would ask people to sign the care plans after they had been written but there was no process of sitting with people and including them in the plan of care. The care plans were not person-centred and gave very little information around who the person was, their histories or preferences. One member of staff said that they didn't sit and write the care plans with people but said that this would be a better of way of including them in the decisions about the care they wanted.

The lounge and people's rooms were not homely. People's rooms were sparse and were not presented in a way that was personal to them other than some personal items on display. The walls in the two lounge areas were plain and the upstairs lounge was dark and unwelcoming. The furniture in people's room and the lounges looked old and chairs were stained and worn. We didn't see anyone using the upstairs lounge during the inspection. The chairs in the lounge downstairs that people were sitting in were arranged in a large circle which did not enable easy conversation between people.

As care and treatment was not designed with the input and preferences from people using the services this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that the staff were caring. One told us that they liked the staff "Very much."

We saw caring and kind interactions with staff and people during our visit. People were treated with kindness and compassion by staff throughout the inspection. We saw that staff knew and understood people. People appeared relaxed and comfortable around staff and were happy to express to staff how they were feeling. One member of staff told us "I don't think of people living here as clients, I think of them as my family." Another member of staff said "I do like working here."

We saw that staff knew people well and understood them. They knew people's backgrounds and individual preferences. One member of staff described someone as "A very gentle lady" and was able to tell us about this person's likes and dislikes. They told us about another person preference around what they liked to be called and what their favourite pastime was. People's family and friends were able to visit at any time. One health care professional said that the staff were polite and caring with people.

People were treated with respect and dignity. Staff shut doors to people's rooms and the bathrooms when supporting people with personal care. Everyone said that staff were polite and respectful. People were supported to make sure they were appropriately dressed and their clothing was arranged properly to promote their dignity. People were able to go to other rooms in the service if they wanted to spend time on their own

We saw that people chose to get up when they wanted. When we arrived at the service at 9.25 some people were already up and had their breakfast whilst others were just sitting down to breakfast. One person was assisting staff with wiping the tables and told me that they enjoyed doing this. We saw another person assisting staff with drying up cups in the kitchen. They all looked comfortable in the living environment.

Requires improvement

Is the service responsive?

Our findings

The registered manager told us that before people moved in, the provider (who had more experience of understanding the needs of people with a mental health diagnosis) visited them to assess whether they could meet their needs. We didn't see any evidence of pre-admission assessments in people's care plans however there were records of the assessments from the funding authorities. The registered manager told us that people would stay at the service for a trial period to determine whether it was the best placement for them.

Staff did not always have the most up to date and appropriate information to enable them to respond to people effectively. There were care plans for people that were reviewed monthly by the registered manager. However the care plans were generic and lacked any detail. There was no specific planning around people's individual needs. We found that the same wording had been used for each person and appeared to be the same paper photocopied for each file. For example, each care plan had an entry for 'Mental Health Stability and Support' with the plan of care being the same for each person. This included having regular reviews with the GP (and other health care professionals), good communication with other agencies and general support and reassurance. There was not any information specific to that person around how best to support their mental health diagnosis. There was no information around what each person's diagnosis was.

These plans did not provide staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. This was the same for other areas of care. For diabetic care the information just noted that the person must not buy sweet things and that their blood sugars should be monitored once a month. There was no specific care planning around what signs staff should look for if the person had become unwell and what steps to take.

It had been identified that one person required a recliner chair to relieve the pain that they had in their back. This was not provided by the service instead the person themselves had to purchase the chair. The registered manager told us that they got the permission from the funding authority to use the persons own funds to buy the chair despite the fact that this was needed to alleviate pain when sitting. There were people who had diabetes in the service. None of the care plans had any detail around the best care for people with diabetes or signs to look out for if they became unwell. One person had spoken to staff about their restlessness at night. There were no charts in place to assess the persons sleeping pattern.

As care was not always planned and provided accorded to the person individual needs this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However staff we spoke with were able to tell us about the care that they provided and it was clear that they knew about people's diagnosis. We saw examples of where staff responded to people's needs in relation to referrals to the falls clinic or other appropriate health care professionals.

There was no evidence that everyone living at the service had choice regarding their daily routine and what activities they wanted to take part in or that they were supported by staff to undertake meaningful activities. The registered manager told us that there were no activities coordinators employed at the service. They told us that the service was not set up to support people to go out unless the person could go out independently. They said that this was made clear to people before they moved in that if they needed a member of staff to support them to go out then this would not t the right placement for them. There was no evidence in the care plans that this was discussed with people before they moved in.

We were told by staff that for those people who didn't go out independently or who didn't go out with family they were able to go into the garden or do activities within the home. We didn't see evidence of this happening on the day of the inspection. People were sat in the living room for long periods of time without any meaningful interactions or activities with staff.

We looked at the activities book and saw that most of the activities were either people walking to the town independently or "Walks around the garden." There was no evidence that people were encouraged to pursue any interests they may have outside of the service. One person told us that they liked to bake and wanted to cook more in the home. According to the residents meeting minutes this person on several occasions asked if they could cook more in the home. There was little evidence that the person was supported to do so. One member of staff told us "I am based at the home so I wouldn't take people out."

Requires improvement

Is the service responsive?

As people were not supported by staff to access the community and to participate in activities that they may enjoy, this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily records compiled by staff detailed the support people received throughout the day. This included information about the personal care they had received and what activities they may have participated in.

People did say that they enjoyed walking down to town. We saw from the activity notes that those people who were able to go out independently did so when they wanted.

One person told us they enjoyed word games and we saw that staff supported them to do this. There were games in the lounge for people to play with if they wanted. People did use the garden during the inspection but this was mostly to access the smoking area.

There was a complaints procedure in place for people to access. We asked the registered manager to provide us with evidence of complaints received and how these were responded to. We saw evidence of one complaint and how this was resolved. This related to someone who was no longer at the service. The people we spoke with said that they would make a complaint if they needed to.

Inadequate

Is the service well-led?

Our findings

Quality assurance systems were not robust and were lacking in some areas. People had completed surveys however these had not been used to improve the quality of the service. Three people had completed a survey in June 2015. Questions were around the quality of care and support. There were options to rate the service from 'Very good' to 'Poor'. All three had indicated the social activities for people were 'Poor'. Two people had indicated that the food and meal times were average and one person had indicated that the premises decoration was 'Average' and the efforts made to keep up people's personal interests was 'Poor.' There was no evidence of any action plan to address these areas.

The registered manager said that he spoke to one person about how to improve the atmosphere at meal times but told us that they did not know how they could improve this. We asked them if they had considered staff sitting with them during meals and chatting. They said that this had not been considered. We noted that the lack of action plan around the surveys had been raised by the Local Authority in August 2015.

The registered manager told us that medicine audits were undertaken but that they did not record this. They said that the pharmacist would undertake an audit of the medicines at the service but this did not include staff competencies on completing the medicine charts. They said that they had never been asked to provide evidence of audits before. However we noted that the Local Authority had visited the service on the 11 August 2015 and it had been identified that there was a lack of recording around the staffs auditing of the service.

One book had a record that stated 'Maintenance of resident's records' on the 27 September 2015. However there was no detail around what had been reviewed, what concerns had been identified and how this had been addressed. The record stated 'Record of mental and physical health in place' however we found that this was not the case. There was no evidence of environmental audits (other than cleaning) to identify any possible risks. We found on the day that there were window restrictors missing from windows and that one person's sink was blocked.

There were mixed responses from staff about whether they felt supported and valued at the service. One member of staff said that at times they felt support but not all the time whilst another member of staff said that they always felt supported. They said "If I feel there are issues I go straight to the manager." However there was no records of any appraisals for staff or how their work performance had been addressed for the year. The registered manager told us that they had not undertaken these.

There was a statement of purpose available to people at the service. The 'Philosophy' of care provided (as stated in the document) was that 'We will strive towards assisting every resident to achieve their optimum level of functioning, maximising self-responsibility and esteem, therefore improving the quality of life of our residents as valued members of society, utilising a holistic approach to their care and structured within a care plan process.' The statement also includes that people will be 'Providing a range of leisure and recreational activities to suit the taste and abilities of all residents and to stimulate participation.' We found that this was not always happening with people. Care planning was not individualised to the person and there was no mention that people would not be supported by staff to go out unless they could do this independently which was a contradiction to the statement of purpose.

The service website also states that care is individual to the person and that people are supported are being supported by staff who have had specific training around their needs. We found that this was not always the case. None of the care staff had had training in any mental health conditions despite this being the primary reason for people living at the service.

The registered manager carried out residents meetings. Discussions were limited to people being reminded about events coming up (people's birthdays and the clocks changing) and menu choices but wasn't an opportunity to get feedback and ideas from people on how they wanted to the service to be run. There was no discussion around how people could be involved or empowered to be part of any improvements to be made.

As there were no robust systems and processes in place to assess or improve the quality of the service this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. For example discussions around keeping up to date with daily recording and any new training being planned.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider had not ensured that there was always enough suitably skilled and trained staff deployed around the service to meet people's needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered provider had not acted within legal requirements to obtain people's consent or the consent of the relevant person.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered provider had not ensured that people were being provided with suitable and nutritious food.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider not ensured that people were protected from the risk of harm.**

The enforcement action we took:
As this is a breach we issued a warning notice to the registered provider on the 6 November relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 6 December 2015 by which the registered provider must address this breach.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered provider had not ensured that care and treatment was designed with the input and preferences from people using the service or was planned around people's needs.**

The enforcement action we took:
As this is a breach we issued a warning notice to the registered provider on the 6 November 2015 relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 6 December 2015 by which the registered provider must address this breach.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider had not ensured that there were no robust systems and processes in place to improve the quality of the service.**

The enforcement action we took:
As this is a breach we issued a warning notice to the registered provider on the 6 November 2015 relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 6 December 2015 by which the registered provider must address this breach.