

Glenpat Homes Limited

# Glen Pat Homes

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Glen Pat Homes is a residential care home providing personal care to seven people and a supported living service providing personal care and support to nine people.

The care home is in Winchmore Hill, North London and the supported living service is a building converted to nine flats in Chingford.

The care home and supported living service are for people who have a learning disability, autistic people and people who use mental health services. Some people also had a hearing impairment. In the supported living service, not everyone using the service receives support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The care home had been short staffed. The registered manager increased the staffing levels immediately when this concern was raised to them.

People told us they felt safe at the service. They liked the staff and were satisfied with the support they received. The environment in the care home needed refurbishment and there was no suitable bathroom for one person who had a physical disability.

There were good infection prevention and control measures in place which protected people from risk of COVID-19. People had good support with their medicines. Staff were trained in recognising and responding to signs of abuse. Staff supported people with their health needs and to get health appointments. Staff were trained and supported to understand and meet people's individual needs.

People were supported to have some choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care had become more person-centred since the previous inspection. The culture of the care home had changed from people doing all their leisure activities as a group to people going out

individually with staff to places they chose. This was an improvement since the last inspection. People in the supported living service received care and support with a person centred approach which enabled them to become more independent and follow their individual interests. The service supported them to access specialist support where needed. The service supports people to learn skills of shopping, cleaning and cooking to enable more independence in their daily lives.

The governance of the service had improved with regular audits and checks and the introduction of an electronic record keeping system that helped the registered manager monitor the quality of care being provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 April 2020). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance of the service.

At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

The service remains rated requires improvement. There was a breach of regulation due to staffing levels in the care home. Please see the action we have told the provider to take at the end of this report.

We have also made two recommendations. One is to improve the environment in the care home and the other is to ensure best practice in use of PPE which supports communication for deaf people.

#### Why we inspected

This was a planned focussed inspection based on the previous rating. We had also received concerns that the provider was not providing the required number of staff to support people and this was addressed as part of the inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glen Pat Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Glen Pat Homes

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector. They were supported by a British Sign Language (BSL) interpreter as some of the people living in the service and staff used British Sign Language, 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. They made telephone calls to relatives of people living in the service.

#### Service and service type

Glen Pat Homes 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. This service also provides care and support to people living in nine flats in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

This inspection was unannounced for the care home on 18 November and one day's notice was given for the supported living service visit on 19 November. This was so that we could ask people's consent for us to visit them there.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the provider's action plan from the last inspection and used information from people who had contacted us with feedback about the service since our last inspection. We looked at notifications of events reported by the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with five people living at the care home and spent time observing the other two people and their interactions with staff to assess their wellbeing. We spoke to five people living in the supported living service. We spoke with the registered manager and eight members of support staff.

We observed staff interacting with people and the daily routine in the care home to help us understand the experience of people who could not talk with us. We spoke with the relatives of ten people to ask their views on the quality of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

We reviewed a range of records. This included five people's care records (risk assessments, care plans, health action plans and daily care records) and a sample of medicines records in both services. We looked at two staff files to check their recruitment records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits and quality assurance records. We also contacted professionals who were involved with people living at the service and received feedback from one of them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to properly assess the risks relating to the health safety and welfare of people. They had also failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had individual risk assessments detailing the risks to their health or safety and the support they needed to minimise the risks. The quality of the risk assessments had improved since the previous inspection.
- At the previous inspection there was no risk assessment or best interest decision regarding the use of bedrails for one person. The bedrails in place were clearly a risk to the person's safety. Since then the bedrails had been removed and the risk to the person's wellbeing and safety was appropriately addressed.

### Staffing and recruitment

- The care home was short staffed at the time of the inspection and we saw from the staff roster that some staff had been working 60 hours in a week as well as sleeping in duties. In addition staffing had been reduced from 4 to 2 staff members between 8pm and 10pm. This had been brought to our attention prior to the inspection and when we contacted the registered manager they increased the staffing during those hours.
- A concern had been raised with us that people were not receiving their allocated 1:1 hours and we saw from the roster that there were occasions where staffing levels had been below usual which could have affected people's allocated hours for 1:1 attention.
- A relative of a person living in the care home said, "I know they are short staffed at times but I am confident they will resolve it."
- Some staff told us they thought there were enough staff on duty to meet people's needs during the day but some staff told us that at times they did not feel staffing levels were sufficient to meet individual needs.
- The registered manager told us that five nights a week there was one staff awake at night and a second staff member asleep on the premises on call. At the weekend this was reduced to one staff awake on duty with the manager on call to come and support in the event of an emergency. We had not been aware of this practice previously. Staff told us it was because people did not need to get up early at weekends so did not need a second person early in the morning. However when we requested a risk assessment for this minimal

night staffing, the risk assessment and the procedure to be followed in the event of a fire did not address individual needs sufficiently to guide staff how to keep people safe if they had to deal with a fire in the night.

We found no evidence that people had been harmed however systems to assess and ensure safe staffing numbers were not robust enough to ensure safe staffing levels at all times.

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

We discussed this concern about the safety of people at night with the registered manager and they immediately increased the staffing at night to ensure people's safety. They also employed agency staff to address the staffing shortage. They provided us with written evidence that they did employ extra staff immediately after the inspection.

- The provider operated a safe recruitment policy. They obtained pre-employment checks for new staff to ensure their suitability before being employed. Staff files contained a criminal record check, proof of identity, conduct in previous employment and their employment history.

#### Using medicines safely

- People's medicines were managed safely.

There had been improvements in the management of people's medicines since the last inspection.

- Staff now had their competence assessed before they started administering people's medicines.

Information about people's medicines and the reason for taking them was now clearly recorded.

- Medicines administration records showed that people were receiving their prescribed medicines on time and staff were signing they had given it as required. People's care plans now contained relevant information about their prescribed medicines.

- Since the last inspection the manager had introduced written protocols to guide staff when and how to give those medicines that are prescribed as and when needed (PRN medicines) such as pain relief or anti-anxiety medicines.

- District nurses took responsibility for insulin administration since the previous inspection and this was now safely managed.

- Senior staff had completed further training in medicines management.

- There were no controlled drugs in either service but the registered manager said they knew the requirements for secure storage of controlled drugs.

- Regular audits of medicines were taking place to ensure medicines were being managed safely. One person told us, "They give me my tablets and make sure I take them. I think they do manage my medicines safely."

#### Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding people and showed understanding of how they should respond to allegations of abuse.

- People said they felt they were safe in the service. One person said, "I do feel safe here. If anything happened I would just tell staff." A relative said, "My main concern has always been that my loved one is safe and happy. They are both safe and happy so I don't have any worries."

- There was a risk where one person had been assaulted by another. The registered manager said learning had taken place and action taken to reduce the risk of recurrence.

- The registered manager had a safeguarding procedure in place for staff to follow and had good knowledge of safeguarding issues.

## Preventing and controlling infection

Procedures and processes were in place to prevent and control infection.

- The home was clean. Daily cleaning processes were in place to prevent the spread of infections. Current guidance was also available on managing risks associated with COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training on infection control. We observed staff wearing PPE appropriately.
- The service operated strict screening procedures to ensure people were protected from risk of infection in the home. Staff and visitors were expected to show evidence of vaccination, have temperature checks and complete health declarations and COVID-19 tests before entering the home.
- All staff in the care home were vaccinated as required by law and staff in the supported living service were aware of the legal requirement to be fully vaccinated by April 2022.
- People living in the service and all staff were tested for COVID-19 regularly. Staff ensured people were given relevant information to keep themselves safe through discussion and watching videos. Staff took their own and the people they supported temperatures daily.
- The registered manager contacted advisors from Public Health England to get specific advice during the pandemic.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The design and decoration of the care home did not fully meet people's needs.
- The building needed redecoration and did not have a homely appearance. Some walls were stained and marked. The lounge wall was damaged in places from a wheelchair. The kitchen units were damaged with some cupboard doors missing.
- There was a shower on the ground floor inside the laundry room. This was small and not suitable for anyone who needed support in the shower. There was one shared bathroom on the first floor which was also in need of redecoration.
- There were no suitable bath or shower facilities for a person with limited mobility whose mobility had deteriorated. This person was unable to safely access the kitchen, bathrooms or garden. There was a lack of wheelchair accessibility. The service had a temporary ramp but no permanent facilities. We have asked the provider for their plan regarding meeting this person's needs.
- The registered manager explained that it was difficult for people to live in the home while building work took place. During the pandemic people had not been able to go away on holiday so that refurbishment had not taken place and the building had deteriorated.
- We discussed our concerns about the building with the registered manager who had arranged a maintenance company to visit and make plans to carry out the work. We asked for a written plan with dates for refurbishment to take place which the registered manager agreed to send.
- There was limited communal space for seven people in the care home. The provider had installed a summer house in the garden but this was not comfortably furnished for people to use during the day as an alternative lounge or activity room.

We recommend the provider refurbish the home to ensure a suitable and homely environment in line with good practice.

- There was a flashing light and vibrating fire alarm to alert deaf people in the event of a fire and flashing light door bells on their bedrooms to meet their specific needs.

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes (including supported living settings) an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People who required a DoLS had these in place and the registered manager ensured these were reapplied for before they expired. Best interests decisions had been made with relevant external professionals and families about important decisions that people could not give informed consent to such as a medical procedure. The registered manager advised that none of the people using the supported living service required a DoLS.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health.
- Staff supported people to attend their healthcare appointments and the registered manager sought out professional expertise for people where needed. Staff supported people to attend GP, dentist, optician and chiropody appointments to maintain their health.
- People had health action plans and hospital passports detailing their health needs. One of these did not contain clear information about important health conditions. The other documents we saw were clear and gave all relevant information. We advised the registered manager that one person's health action plan and hospital passport did not contain important information about their health and they agreed to immediately update these.
- Staff encouraged and supported people to use drug and alcohol support services where this was needed.

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

- People and their relatives generally thought they were getting a good standard of care.
- In the supporting living service, people's needs were assessed and they were involved in planning their care. Their care plans were comprehensive. People in the care home were less involved in their care plans but these had improved since the last inspection.
- Care plans contained information about a person's needs and preferences and their life history.
- People and their relatives told us they were happy with the care provided. One person said, "They do look after me. [staff name] does my hair, gives me a nice bath and I love going out." Another person said, "They do anything for me if I ask" and another said, "They help me. There is nothing to be improved."

Staff support: induction, training, skills and experience

- Staff completed an induction when they started work during which they completed the Care Certificate which is a nationally recognised qualification in care. After that they completed mandatory training either face to face or on line. Staff told us they found the training helpful. During the COVID-19 pandemic there had been regular training in infection prevention and control and staff were knowledgeable about this subject.
- The staff team were registered or had completed NVQ/QCF level 2 or above in health and social care which is suitable training for the job. In addition there was training relevant to the people they were

supporting, for example in BSL awareness training.

- Staff received regular supervision where their understanding of training was tested, and they had opportunity to discuss their work. The registered manager talked to people individually to give feedback on their performance and to correct their practice if necessary. Appraisals took place annually.
- Staff told us the registered manager was very supportive and always listened to staff and was always willing to help out with the care tasks.

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

- People told us they liked the meals. At the supported living service people had support to prepare their own food if they were able. Some people cooked their own food and had support with shopping and meal planning and others said staff cooked all their meals for them.
- In the care home staff cooked but people were able to assist if they wanted. One person said, "I like the food" and another told us they enjoyed "chicken and rice" and a third person said, "We eat what we want, I like the food, it is good."
- People discussed the week's menu at a weekly meeting. Staff encouraged people who were overweight or diabetic to eat a healthy diet and the service catered for cultural preferences such as halal meat.
- We observed one person asking for ice-cream between meals and staff went to get some ice-cream for the person which was positive example of people being able to eat what and when they wanted.

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

- The service worked well with other professionals in order to ensure the best care was provided. The registered manager was liaising with a physiotherapist and occupational therapist for one person.
- One professional working with the service told us that staff followed their advice to improve the support they were providing.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- In the supported living service the care plan format was comprehensive and person centred.
- People in the supported living service told us they were happy with the support they had and the way staff responded to them. One person said, "They listen to me, they try to help."
- At the previous inspection we found people followed a group timetable of activities in the care home which did not meet individual needs and choices and there were no person-centred activities. This had improved.
- The practice of timetabled group activities had ceased. The registered manager told us they had read the best practice guidance in "Right support, right care, right culture" and as a result of this and the restrictions posed by the national lockdown, people were going out individually with staff support.
- People went out daily if they wanted to local places. Once a week people in the care home enjoyed a group bowling activity but other activities were individual such as swimming, shopping and walking. A person who was not supported to go out at all for a few months last year was now going out daily to shops, cafes and parks and staff told us this person felt happy when going out of the home.
- Within the care home we saw people doing daily tasks such as housework or assisting with cooking and some people were drawing.
- People in the supported living service went out more independently.
- People had started eating in two different rooms during the national lockdown for infection control purposes but a benefit of this was two small calm group mealtimes instead of a large gathering. One person told us they preferred to eat in a quieter setting.

The provider had purchased a summer house as an extra communal room though this was not yet furnished comfortably for daily use.

- Most relatives said they were happy with the care and support provided.
- One relative said they never saw people doing anything in the care home.
- A visiting professional said they were satisfied with the service. They said staff were very proactive and responsive and good at taking advice on how to meet people's specific needs.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- This service has a number of deaf people in the care home and supported living service. The provider employs deaf staff who can use BSL to communicate with people. The deaf staff are supported by interpreters. At the time of the inspection there were no deaf staff currently employed at the supported living service so the provider employed an interpreter two days a week to assist with communication and appointments. They had an interpreter on call for both services to support deaf staff and people using the service. This was good practice. Hearing staff also used written notes with deaf people when needed.
- We saw that staff were not provided with transparent masks/visors to enable deaf colleagues and people living in the service to lip read. The registered manager said that they had introduced these at the start of the pandemic but they had been too costly. One person told us it was very frustrating that staff wore masks that covered their face so people could not lip read. When we raised this with the registered manager they said they would immediately order transparent masks for hearing staff. They confirmed after the inspection they had purchased these and staff were using appropriate transparent masks.

We recommend that communication between deaf and hearing people in the service follows best practice including the use of PPE that enabled people to lipread where this was necessary for communication.

- Staff had attended training in BSL awareness and Makaton so they could communicate with people who used signs instead of speech.

Improving care quality in response to complaints or concerns

- The service was responsive to feedback.
- The registered manager followed a clear procedure to ensure complaints were investigated appropriately.

End of life care and support

- The registered manager informed us that staff had not provided end of life care but they knew who to contact for help if a person needed palliative care. 70% of staff had completed training in end of life/palliative care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider did not have effective systems in place to assess quality and risk in the home and did not have sufficient oversight. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had failed to notify CQC about one incident they were required by law to notify. We reminded the registered manager of this requirement and we noted that other incidents had been reported appropriately.
- The provider had not fully assessed how staff working on weekend nights should deal with an emergency such as how to safely evacuate people and keep them safe while awaiting assistance. This meant the systems in place for assessing risk and related staffing requirements were not robust enough. The provider acted immediately to increase staffing when these concerns were raised but had not identified them themselves.
- The registered manager had improved the quality of audits and checks in the home since the last inspection. This meant the provider had better oversight of the service. There were regular checks on health and safety, fire safety and medicines.
- The recording of people's care needs and care delivery had improved since the last inspection. People now all had risk assessments in place to address risks to their safety.
- The registered manager was suitably qualified and experienced for the role.
- Staff gave very positive feedback about the registered manager. They said he was a good role model in how to work with people and took time to advise and guide staff. One member of staff told us it was a privilege to work with the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a good understanding of duty of candour.
- Staff told us the registered manager engaged with them and listened to them. One member of staff said, "The manager has a listening ear, he does his best to make sure we are satisfied."
- The registered manager told us that staff contacted families once a week to give updates and let them

know how their relative was. One relative said, "Communication is brilliant, I am fully involved with my loved one's care planning and I am informed if there are any issues. I cannot ask for more."

- Three people told us they wanted to leave this service. They gave different reasons such as wanting to be nearer to family, living in a quieter house and just wanting to live somewhere different. We passed these requests to the registered manager with people's agreement and asked that they contact social services to pass on these requests and to let us know the outcome. The registered manager agreed to do this.
- People living in the care home had weekly meetings to plan the food for the week ahead. In the supported living service there were group meetings and more individual engagement. People there told us they received good support with their different needs which ranged from support to go out, to attend appointments, cooking, shopping and personal care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager showed commitment to continuous learning and improvement and was able to show us improvements made since the last inspection.
- The provider had invested in a new electronic recording system which had improved the quality of recording. The system allowed staff to use a device to read people's care plans and record when they had given people medicines. If medicines were not recorded as being given the system generated an alert so that the registered manager could follow this up straightaway.
- Staff were committed to an inclusive culture. Staff were provided with training in equality and diversity. They respected people's differences and were supportive of people's different sexual orientations and gender identities.
- A staff member told us, "We are like a family here."

Working in partnership with others

- The service worked with health and social care professionals and specialist support services.
- Most families said the service worked well with them and kept them well informed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered persons had not ensured sufficient numbers of staff were deployed in the home at all times.