# Quantum Care Limited

# Heath House

## Inspection report

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Date of inspection visit:
30 June 2016
01 July 2016
04 July 2016

Date of publication:
05 August 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 30 June, and the 1 and 4 July 2016 and was unannounced. When the service was last inspected on 9 November 2015 we found the service was not meeting all the required standards.

Heath House provides accommodation for up to 62 people who have varying level of residential care needs and also for people living with dementia. It does not provide nursing care. At the time of this inspection there were 57 people living at Heath House.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw that most of the time there were adequate numbers of staff on duty to keep people safe. However at times of peak demand people had to wait to be assisted. Dependency assessments had not always been accurately or fully completed with current information to enable senior staff to identify the level of support people needed. This was discussed with senior managers and was being reviewed as a matter of priority.

People were supported to make choices around food and drink. However the mealtime experience was not person centred and people were not always supported in a timely or appropriate manner. We observed that staff did not always have the skills to assist people appropriately to ensure people received effective care and support. This was referred to the senior management team who took immediate remedial action to address the concerns and a specialist support team was assembled and deployed to the service immediately to provide coaching and mentoring support to staff and managers.

We observed food and fluid records were not completed in a timely way and were not effectively monitored or recorded to enable appropriate interaction if concerns were identified. Again immediate remedial action and resources were deployed to address this shortfall and immediate monitoring was implemented to reduce any risks to people.

People were supported to participate in a range of activities. However these were mainly suited to people who were mobile and could attend the activities areas. Staff told us and our observations confirmed that where people were less mobile or able very little 'engagement or stimulation' was available to help ensure they did not become socially isolated. This was being reviewed at the time of our inspection.

We observed that staff did not always interact with people in a meaningful way and on occasions we observed staff to be talking together without including the people in their care. Senior staff addressed this matter on the day of our inspection and staff were being coached and supported to a better level of understanding about how this impacted on people who lived at the home.

People were generally complimentary about the care they received from staff. Staff were mostly knowledgeable about individual's needs and preferences and where possible people were involved in the planning of their care. However in the case of some people there was little information about them as an individual or their likes and dislikes, so staff did not have the detailed information available to enable them to provide individualised care and support. We observed that people's dignity was not always respected and promoted in the way staff addressed or included them. We observed some staff to be kind and caring.

Staff were able to attend meetings from time to time to discuss aspects of the home. People and their relatives also had opportunities to attend meetings to discuss the running of the service and to share ideas, however actions were not recorded as being completed so although the records indicated a discussion had taken place the process was incomplete suggesting the meetings were ineffective in achieving the desired outcomes for people. People were able to raise issues or concerns and told us they would speak to the manager. In some cases the process had been completed but in other it was unclear if the issue had been fully addressed and to the satisfaction of the person raising the concern as an outcome had not been signed off as being completed.

People were supported to maintain their health and well- being, and were supported to access a range of health care professionals when required.

People and their relatives told us they did not have concerns about safety in the home, and felt people were safe living at Heath House.  Risks to people`s health and wellbeing had been assessed and where concerns were identified risk assessments had been developed to reduce and mitigate risks. Staff and management were knowledgeable about how to protect people from harm and about safeguarding matters.

Recruitment processes were robust and pre-employment checks were undertaken to help ensure that staff were suited to the roles for which they were being employed. Staff did not start to work until satisfactory employment checks had been completed.

People were supported to take their medicines regularly and staff had received appropriate training. There were arrangements in place for the safe storage administration and disposal of people's medicines.

We found through observations and speaking to staff that care delivery was sometimes task driven and not personalised, and this was acknowledged by senior managers as an area that required further development. Senior managers had recently identified similar issues to those we found and had provided an action plan to address many of the areas of poor practice.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good**

The service was safe.

People were supported by staff who knew how to recognise and report abuse.

Individual risks were assessed and risks mitigated where possible. They were kept under regular review.

People were cared for by staff who had been through a robust recruitment process.

People's medicines were managed safely.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's food and fluid intake was not always monitored effectively. Records were not completed in a timely way.

Staff did not always have the skills to assist people appropriately especially in relation to nutritional and hydration requirements.

Staff sought people's consent before providing care and support and were aware of MCA/DoLs requirements.

People's health and welfare needs were taken care of by staff who supported them to access health and social care professionals when required

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People were not always treated with dignity and respect.

Staff did not always have access to information to enable them to meet people's individual needs when required.

People were not always involved in developing and reviewing their care plan.

People's privacy was promoted.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Only some people were supported to engage in a range of activities. Those who were less mobile were not engaged or stimulated in a planned way.

People's feedback or concerns were not always acted upon in a timely way and actions remained incomplete.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Records were not always accurately maintained in a timely way.

Staff did not receive consistent support and guidance to enable them to develop their skills and abilities.

The provider had some systems and processes in place to monitor and manage the quality of the service. However, these did not always identify areas where improvements were required.

The atmosphere at the service was open and friendly.

# Heath House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 30 June and 1 and 4 July 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff supporting people who used the service in a variety of situations. We spoke with four people who used the service, four relatives, six care staff members, the chef manager, the home manager, activities and engagement staff, an area manager the provider, project manager and a team of representatives from the quality team.

We received feedback from a healthcare professional involved with the support of people who used the service and from the local authority commissioning team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service, three recruitment files and other documents central to people's health and well-being. These included staff training records, medication records and quality audits, meeting minutes, complaints documents and safeguarding records.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living at Heath House. Relatives also said they did not have any concerns about their family member's safety. One person told us "there are so many people around here to help you. No I don't worry at all about my safety". A relative said "I think people that live here are kept safe, the staff seem to know their stuff".

Risks were assessed and risk assessments had been developed to provide staff with information on how to reduce and mitigate these risks when assisting people. People were supported to live in a safe environment. For example we saw that there were risk assessments completed which included assessments of people's individual risks including participation in a range of activities both within the home and at events and venues within the community. In the case of another person we saw that they had been assessed as being at risk of choking and a specialist referral to the salt team (speech and language therapist) had been made. Falls risk assessments were completed and people were provided with equipment where required. We observed that people who were not mobile had access to their call bells, this reduced the risk of them attempting to move around without assistance and potentially having an accident. Where people had bedrails to keep them safe an assessment had been completed appropriately.

Staff were aware of people's safety and were able to tell us about various measures that were in place to ensure risks to people were appropriately managed. Staff had received training on how to safeguard people from abuse and the staff we spoke with were able to describe what constituted abuse and the process they would follow to escalate any concerns they had. Staff had access to information including contact numbers, both within the organisation and external organisations, to whom they could report any safeguarding concerns. This demonstrated that the provider had taken reasonable steps to identify and reduce the risk of abuse happening.

We received mixed feedback from people who used the service about the staffing levels in the home. Some people told us they thought there were 'plenty of staff' in the home however others told us they felt there should be more staff as they had little time for pleasantries and often felt rushed and this may have compromised people's safety. Relatives told us the staff were always busy and our observations throughout the inspection confirmed this to be the case. We saw that staff rota's varied and staffing levels during the day were sometimes eleven care staff and sometimes twelve. Staff told us that they were able to assist people in a more timely way with 'an extra pair of hands'. We discussed this with the manager who told us they planned for twelve but occasionally if staff went off sick at short notice or were assisting people to attend an event away from the home which meant less staff were available to assist people on occasions.

We saw that there was a robust recruitment process in place and the three files we reviewed demonstrated that all pre-employment checks had been completed. Including a completed application form, references had been completed and a CRB check completed along with other formalities including if people had the right to work in the UK. Staff we spoke with confirmed that they were not able to start work until everything had been completed. This helped to ensure that staff employed to care for people had the correct credentials.

Staff told us that they had received medicines training before they were allowed to administer medicines on their own and records confirmed this. There were also periodic competency checks although it was not clear how often these happened. There were suitable arrangements for the safe ordering, storage and disposal of people's medicines. Staff showed us how MAR charts were checked and completed. Information was provided to assist staff in identifying possible side effects. There was also guidance in place to assist staff with administering medicines prescribed 'as required' and how to administer 'topical creams'. People's MAR charts contained a photo next to their name to assist staff with checking that the right person was being given the right medicine at the right time.

Requires Improvement

# Is the service effective?

## Our findings

People did not consistently receive care that was effective and which met their assessed needs. We found that staff did not always have access to comprehensive care documents and information was incomplete in some of the files we reviewed. This meant that staff sometimes provided 'generic' care and not personalised care tailored to meet individual needs. Two staff members that we spoke with told us "They used their initiative to assist people if the information was not specifically detailed in their care plans". Staff told us they had an opportunity to look at people's care plans however where information was not specific to inform them about the level of support people required they assisted people as they requested care and or in response to their needs.

People were supported by a staff team who did not always have the knowledge and skills necessary to provide safe and effective care. Staff told us that they were provided with regular training and we saw from records that staff had attended regular core training and updates. However there were no records to demonstrate how practice was observed. Staff told us that the manager sometimes 'assisted' working on the floor. However observed practice was not recorded and could not be evidenced as a tool to drive improvements. Throughout the first day of our inspection we observed staff did not always 'engage' appropriately with people. We also observed that staff often worker together and where poor practice was observed by one staff member it was often mirrored by the second staff member. For example when a person was being hoisted the staff only covered the person when they realised they were being observed and also proceeded to explain the manoeuvre to the person after they had commenced the manoeuvre. This suggested that staff did not always work in a way that respected people. We also noted that on the first day of our inspection staff were not coached about their practice so poor practice was allowed to continue and become the norm. However by the second and third day of our inspection some of the concerns we had identified around staff practice had started to be addressed for example observed practice and coaching and mentoring had been put in place by the senior management team and we saw that improved practice was evident.

New staff members completed an induction programme at the start of their employment and were then able to 'shadow' more experience staff until they felt confident to work in an unsupervised capacity and had been assessed to the required competency levels. Staff that we spoke with told us that all had different levels of skills, experience and expertise and worked well as a team. One member of staff said "I think the induction and training has been good, but I have not had feedback about my performance so am not sure if I am working to the required standards yet". We spoke to senior staff about this and they were reviewing the process for giving regular feedback to new staff so they could be kept appraised of their development.

Some of the staff told us that they received supervision from a line manager and said they were able to discuss all aspects of their role with their managers. However other staff told us and records confirmed supervision was not consistent and some people had supervision while others had not had a meeting with their manager for more than 6 months. One person told us I would like regular updates otherwise things just go by and things don't get addressed". Staff told us they felt supported by some managers and supported each other when issues arose. We saw that team meetings were arranged but again these were not in a

planned way but more in response to a specific talking point. If staff were off duty or working they were not always able to attend and sometimes did not see the minutes or were unable to contribute. Staff again found this frustrating as they were often told at short notice which did not allow much planning time.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

In most cases people were asked for their consent before staff provided care and support. Staff and managers were aware of mental capacity assessments (MCA) and the process required to restrict people's liberty to keep them safe. We found that applications to restrict people's liberty had been made to the local authority. Some authorisations had been granted and others were pending an outcome.

We saw that applications had been made in respect of 30 people. One application had expired and was being reapplied for. Five were authorised and the remaining 24 were pending an outcome. We saw the application had been completed and submitted appropriately and where necessary best interest decisions made when people lacked capacity to make important decisions.

People had mixed views about the food provided at Heath House, some people said they liked it and others were not so keen. Several people said it was too repetitive. One person told us, "We get too much food they are always coming with something" Another person said, "It is ok but not like 'home cooked food'. We spoke to the chef manager who told us about their menu planning and how they catered for specialist diets and offer people food and drink choices. People were not as involved in planning menus as they could have been and although meeting records showed that food choices were discussed the actions were not signed off as having been completed so we could not be assured that suggestions had been acted upon.

We observed people's dining experiences on all four units of the home. On the first day of our inspection we found that staff did not 'engage' with people and the dining experience for most people was not a particularly enjoyable experience. Staff were observed to be busy serving food and delivering food to people in their rooms. We noted that where people had pre-chosen meals and were not happy with their choice they were offered alternatives. However people were not assisted in a timely way and in some cases food was left sitting on the table for 15-20 minutes before staff were available to assist people.

The experience did vary from unit to unit for example in one unit people were served their tea from china cups and plates while in other units people's food was service on a small plate and contained both savoury and sweet food together. On another unit two people had no plates and their food was sat on a serviette on the table. This was discussed with and observed by senior managers who took immediate remedial action. By the time we observed mealtimes on day two and three of the inspection the whole experience was more positive and staff were observed to engage with people and support them in a more timely manner. We saw staff chatting with people and the whole experience was more positive.

Records relating to peoples food and fluid intake were not always completed in a timely way. For example on the first day of the inspection we checked six food and fluid charts on one unit and found none had been

completed for that day so we could not be assured people had received adequate nutrition and hydration. Staff told us people had eaten and drank sufficient amounts relevant to their needs and told us they completed the records towards the end of the shift when it was less busy. However they could not record these with any accuracy as to the time and amount of food or fluid that had been offered or consumed. Furthermore if nothing was recorded other staff members were duplicating offers of food and drink. On day two and three of our inspection we saw that staff had completed the records at the time of supporting people. A unit manager checked the records every two hours to ensure that accurate records were being maintained.

People's weights were monitored regularly although results were not always acted upon. For example one person who had lost a vast amount of weight had not been referred for specialist dietary intervention and continued to lose weight. During our inspection this was referred to senior managers and immediate action was taken to remedy the position. We also found that in order to assess people who were at risk of developing pressure areas their height weight and body mass index were recorded. However in the case of two people these records had not been updated for two months which left them at further risk of skin breakdown. This matter had been addressed by the time we returned to the service for the second day of the inspection.

People and their relatives told us that their health needs were catered for within the home. People could see their GP whenever they needed to and had access to other healthcare professionals including chiropodists, dentists and opticians who visited the home when people needed them

Requires Improvement

# Is the service caring?

## Our findings

People told us the staff were kind and caring and most feedback was positive. However our observations on the first day of the inspection were that staff were not always 'engaging' with people in a kind and caring way. For example when assisting people staff did not always take the time to explain what they were going to do before commencing the support. In several cases we saw staff assist people while telling them what they were doing. So for example they had commenced the process before explaining and waiting for a response. For example when assisting a person to the dining room the member of staff took the person by the arm and proceeded to walk towards the dining room. The person pulled their arm away and said "I am not going with you". In another case a person was being assisted with lunch and the interaction and conversation was minimal while the staff member spoke to another member of staff who was sat on another table assisting another person.

Staff told us people were involved in the development and review of their care plans and also in making decisions. However information was not always detailed or specific. We saw from care records that people were not always involved. The manager told us that staff wrote the care plan and then showed it to the person or where appropriate their relatives to see if they wanted to add anything. However this approach did not support a joint approach and full participation and discussion in the development of personalised care plans. Also this did not demonstrate that people were actively involved in making decisions about their care, treatment and support. Two relatives that we spoke with told us they would like to be more involved in their relatives care planning and reviews as they had not consistently been involved. Overall people and relatives felt care workers knew them and their support needs well.

We noted that documents were in people's care files "All about me" which were used to capture information about people's lives, family's hobbies etc, were not always completed. This meant that in some cases especially for people living with dementia staff had little knowledge about their lives before moving to the home. This meant that they could not always engage in meaningful conversations or distraction techniques if required.

Although in most cases staff demonstrated an awareness of promoting people's dignity on occasions especially at meal times people this was not consistent. We observed on one unit a person being assisted with a pureed meal and there was residual food round the person's mouth and some had spilt onto the protective tabard. The staff supporting the person made no attempt to clean the person's mouth or tabard until they had finished eating. In another case where a person was confused and needed assisting with eating staff did not attempt to assist them with eating their food and they sat looking at the food until we drew their attention to the person who was then assisted.

Many of the staff had developed positive relationships with people. People repeatedly told us they liked the staff who supported them. One person told us, "They are really friendly" One member of staff told us, "I look forward to coming in to work" another told us "I feel like I do a worthwhile job". Staff were friendly, most were respectful and caring throughout the home. Staff told us that they liked working at Heath House and felt that this created a happy working environment in the home for the people who lived there. Relatives and

friends of people who used the service were encouraged to visit at any time and on any day, and also spoke positively about the staff who worked at Heath house.

People were aware they could access advocacy service but the manager told us they were not aware of anyone who was currently using the service.
People's confidential records were stored in lockable units within an enclosed environment where only appropriate staff members had access.

Requires Improvement

# Is the service responsive?

## Our findings

We received mixed feedback from people and their relatives in relation to the level of involvement and input regarding the development of their care plans. Several relatives we spoke with told us that they were invited to be involved in the review of their relatives care plans. However other people told us they were not always consulted. Two relatives told us that staff were very good at keeping them informed if there were any changes in their family member's condition however two other relatives said they were not always kept informed however they did say they could always ask staff and were given appropriate information when requested.

People's care plans varied in content and the level of information recorded. Some detailed people's individual requirements, preferred routines and likes and dislikes. For example, one care plan we reviewed described in detail how the person was to be supported with personal care, be offered a choice of clothing and then liked to have breakfast. In the case of two other people's care plan we found the information was basic did not specify a preferred time to be assisted with care and did not include any information about hobbies or interests. We found this to be the case where people were living with dementia. Staff told us they were updating the "All about me" documents however where people did not have the capacity to be involved in developing their own care plans we found that relatives had not always been engaged in the process and this meant that important information was not available to enable the staff to be more responsive to peoples changing needs. We shared this information with the senior management team and arrangements were put in place to review and update all care plans as a matter of priority and this process was in progress by the third day of our inspection.

We saw that information relating to people's health needs were not always detailed. For where people were at risk of skin breakdown the records stated staff were to "monitor" but did not say how the monitoring was to be done frequency or what was being monitored. Likewise a person with diabetes the care plan did not provide adequate information on how staff were to manage the persons health needs. Staff told us that if they had any questions or concerns they would discuss with their managers however as this was fairly routine care information we would have expected this to be included as part of a person's car plan.

We observed people being supported to attend and participate in a range of activities being provided in the main activities lounge on the ground floor. We spoke with activities staff who told us about the activities programme at the home. People were supported with a range of arts and crafts, games and quizzes and also a number of events away from the home. Most of the engagement was generic and not related to people's individual interests. For example, people who were not so mobile and who spent most of the time in their bedrooms did not have an opportunity to participate in individual activities tailored to meet their individual needs. Staff told us that they 'popped' in to talk with people when they could but said this was usually unplanned and when they went to a unit to collect people to assist them to come to the activities room. People told us that they enjoyed some of the activities that were provided and told us that if they did not enjoy a particular activity they did not have to participate. Records did not always contain information to demonstrate that people were consulted about the type of engagement and hobbies they enjoyed. Staff told us that people were taken out to attend events and days out. However there was a limited number of

places available and staff confirmed that when people were attending an event away from the home the people left at the home did not have the opportunity to participate in activities or to pursue their hobbies.

We observed that there was little time for staff to engage with people for example to sit and have a chat or enjoy a cup of tea as most of the time they were busy completing tasks. The activities staff had a specific number of hours which were 'shared' between four units and meant that people had limited time for engagement and social interaction. We discussed our findings and observations with the manager who agreed to review the current arrangements.

There were arrangements in place to enable people and their relatives to share their views and discuss aspects of the service. However we found that although actions were recorded they were rarely signed off as having been completed. We saw that the three most recent meeting minutes detailed a discussion about food and menus, laundry, cleaning and activities. However we found that none of the actions had been signed off as being completed. People we spoke to were unable to say whether they had noticed any improvements as a result of the suggestions put forward. The manager told us that some of the actions were still in progress however going back over the past 9 months we saw that none of the actions had been signed off as being completed.

People and their relatives told us they were able to raise any issues or concerns with staff or managers. We saw that complaints were recorded and there were various stages to a complaint, so for example if complaints were not concluded at stage 1 they were elevated. However we could not see how learning from complaints was shared to improve the service for the future. The manager told us an example of learning was to facilitate better communication with staff. However they could not demonstrate how this had been implemented and monitored. One person's relative told us they had raised a concern with the manager however nothing had changed and they had not bothered to pursue it. We saw that there were many compliments recorded and people were happy with many aspects of the service. This included feedback from relatives of people who had stayed at Heath house for respite. Many of the compliments were about staff and their kindness.

Requires Improvement

# Is the service well-led?

## Our findings

The service was not consistently well led and the management had not identified many of the areas of concern that we identified during our inspection. We found that there were some systems and processes in place to audit various aspects of the service. These included areas such food and menus, medicines, care plans, health and safety, accidents and incidents, complaints, infection control. A monthly report was compiled detailing any areas which required actions and improvements.

However, we found that these audits were not always effective. In many cases we saw that the actions had not been signed off as having been completed. We spoke to the manager about this and they said the actions had in most cases been completed but they had not always been signed off. In the case of audits completed in relation to the kitchen, we saw that a tick box check had been completed and was ticked consistently to confirm everything was in place. However as issues had been raised about food and menus the audits were not correct and this brought into question whether they were factually accurate. In addition an issue was raised in relation to the environment and we could not see if this had been addressed, despite the audit having been ticked off. We discussed this with senior managers and they agreed to review the audits to check their accuracy.

Although risk assessments were undertaken to identify the risks to people of developing pressure sores we found they were not always accurate because people's capacity levels had not always been taken into account. Also some people had not been weighed monthly and there was no explanation as to why they had not been weighed. Care plans had been reviewed but in the files we reviewed we saw that 'no changes' had been recorded. However this was not accurate because we were aware from speaking to staff that some changes had occurred. In the case of one person their mobility had reduced and they now required hoisting and the assistance of two care staff. This demonstrated that audits had not always been effective in picking up areas where information was incorrect and or not current. This may have meant that people did not receive care relevant to their needs.

Care plans did not always contain sufficient information for staff to guide them how to care for people who had specific health needs in particular people who were living with dementia. The information recorded was generic and did not contain sufficient detail for staff to support them appropriately. Likewise a person with diabetes whose care plan did not contain sufficient detail for staff on how to manage their health condition and any risks for example of a low or high blood sugar. This meant that staff may not always have access to the specific information required to provide people's care safely and effectively.

The provider did not maintain accurate, complete and detailed records in respect of each person who used the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had introduced a project called 'Rhythm of Life' which was in place at the home and it took into account all aspects of care delivery and peoples experiences. The main objective was to provide people with a safe and stable consistent standard of life including when people came to the end of their life. People

were cared for with the help of sensory materials providing a relaxed atmosphere which included music specialist lighting and smells and sounds.

People who used the service, their relatives and staff members told us they thought that the home was well-led. They told us that the home manager was approachable, and supportive. One visiting relative told us "I think things have improved in recent months". Staff shared mixed feelings about management support, some saying they did not always feel they got the support they required. Other staff told us that the felt the manager was approachable and supportive and provided appropriate guidance. Staff told us they had clearly defined roles and responsibilities.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which 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 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<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not maintain accurate, complete and detailed records in respect of each person who used the service. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |