

GCH (South) Ltd

# Brackenbridge House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Brackenbridge House is a care home without nursing and is part of GCH (South) Ltd. It provides accommodation for up to 36 older people in single rooms. The home is situated within a residential area of the London Borough of Hillingdon. At the time of our visit there were 32 people using the service but three of them were in hospital when we inspected the service.

People's experience of using this service:

- During the inspection we found, there had been improvements in the recording of incidents and accidents, but this information and the actions taken were not always being added to people's care plans or risk assessments. This meant the provider could not ensure the learning from the investigation into incidents and accidents was used to reduce the risk of reoccurrence.
- The provider had a range of audits in place but those in relation to checking incidents and accident records, care plans and risk assessment were not effective and did not provide appropriate information to enable them to identify relevant issues.
- There were improvements in relation to the activities provided at the home. An activities coordinator was in post and a range of activities were being provided including regular visits to a memory café.
- Improvements had been made to the administration and recording of medicines. We saw senior care workers had completed training to support them in administering medicines in an appropriate manner.
- People told us they felt safe living in Brackenbridge House. There was a procedure in place to investigate and respond to any concerns raised regarding the care provided. We saw risk assessments and risk management plans had been completed where a possible risk to a person's health and wellbeing had been identified.
- There were appropriate numbers of care workers deployed around the home to ensure people's support needs were met.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider had an appropriate recruitment process in place. Care workers completed training identified as mandatory by the provider with regular supervision and an annual appraisal.
- People were able to access a range of healthcare professionals to support their healthcare needs.
- People commented they were happy with the care they received, and their privacy and dignity were

respected, and they were encouraged to be as independent as possible.

- People's care plans identified how they wished their care to be provided.
- The provider responded to complaints in an appropriate manner.
- People using the service and staff felt the service was well-led.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. We issued two Warning Notices in relation to safe care and treatment and good governance. (Report published 1 September 2018) The location was also rated as Requires Improvement following inspections in September 2017 and September 2016. The location as rated as Inadequate following an inspection in January 2016.

Why we inspected: The inspection was scheduled in line with our enforcement processes as we issued the provider two warning notices following the inspection in July 2018 and we wanted to make sure the provider had made the necessary improvements at the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information regarding the safety and quality of the 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)

## 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 effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Brackenbridge House

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, a member of the medicines team and two experts 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.

Service and service type:

Brackenbridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced on the first day and we informed the registered manager that we would be returning for a second day.

What we did:

Before the inspection we looked at all the information we held on the provider. This included notifications

from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider sent this information on 13 September 2018.

During the inspection we spoke with the registered manager, the deputy manager, the regional manager and four members of staff including care workers and the chef. We also spoke with a visiting healthcare professional. We spoke with eight people using the service and one relative during the inspection. We reviewed the care records for six people using the service, the employment folders for three care workers, training records for all staff and records relating to the management of the service. We 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.

# Is the service safe?

## Our findings

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

RI: ☐ 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. Regulations may or may not have been met.

Learning lessons when things go wrong

- During the previous inspection in July 2018 we found a breach of the regulation in relation to safe care and treatment in that the provider's process for the recording and investigation of incidents and accidents was not always followed by care workers. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 13 November 2018. At this inspection we saw there had been some improvements made but we found care plans and risk assessments had not been updated following an incident and accident.
- The incident and accident records we reviewed included detailed information regarding what had happened. When a fall had occurred care workers included diagrams to show the person's position on the floor and observations were carried out and recorded for 72 hours. The incident and accident form included the immediate actions taken and indicated that the care plan and risk assessments had been updated but this was not reflected in the person's care plans.
- For example, we saw one person had experienced six falls over a two month period and the incidents and accident records stated the care plans and risk assessments had been updated but we found this had not happened. Where the care plans and risk assessments had been reviewed no change had been noted for each month when falls had occurred. At the front of the resident of the day record folder there was a guidance document which stated if an incident and accident form was completed care workers should update the falls risk assessment and mobility care plan for a fall, the skin integrity care plan following a skin tear and if the people experienced weight loss they should update the nutrition care plan. The guidance also stated the care worker should update the care plans when actions were taken for example the outcome of a referral to the falls team.
- We discussed the records for this person with the registered manager who confirmed that a request had been made to the GP in November 2018 following other falls. This information had been recorded in the handover book but had not been included in the care plan as directed in the provider's guidance. This meant the actions and the learning from incidents and accidents experienced by a person was not being used to reduce the risk of reoccurrence. Also, the provider did not ensure the risks to people's health and wellbeing were appropriately managed or planned for.
- Where a risk had been identified, for example falls, the person's care plan stated that hourly checks should be carried out on the person during the night. We asked the deputy manager where the records of these hourly checks were recorded, and they confirmed it was noted as part of the daily records completed by the

care workers. During the inspection we reviewed the records of care provided for people whose care plans identified they required hourly checks at night and we saw these were not recorded. The records for some people stated regular checks were carried out but not hourly as indicated in their care plan as a way to reduce possible risks. Following the inspection the provider confirmed the regular checks were recorded in a folder not provided during the inspection. They confirmed the hourly checks identified in the care plans were in fact carried out every 30 minutes and they provided evidence the checks were carried out for three people using the service.

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

#### Using medicines safely

- During the previous inspection in July 2018 we identified care workers did not always follow the provider's policy on the management of medicines. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 13 November 2018. During this inspection we saw improvements had been made.
- We saw there was a copy of the medicines policy on each medicines trolley and the training records and competency assessments of senior care workers showed they had completed training to give medicines safely.
- We reviewed the medicines administration record (MAR) charts for 24 people and we saw there were no gaps in the recording of medicines. We also looked at the records for Controlled Drugs (CDs) as well as for medicines received and disposed of and found they had been completed in full.
- One person was supported to manage their own medicines and we saw risk assessments were in place, medicines were kept securely in the person's room and they knew how to take them as prescribed.

#### Assessing risk, safety monitoring and management

- We saw a range of risk assessments had been completed and risk management plans developed when a possible risk to the person's health or wellbeing had been identified. Risk assessments included falls, nutrition and skin integrity. Where specific issues, such as Parkinson's Disease or diabetes, had been identified additional inform sheets were provided for care workers to provide guidance on how they could reduce the possible risks to people.
- People could choose to wear a pendant alarm around their neck which was connected to the main call bell system. The call bell system was used to alert care workers when a person required assistance. During the inspection we saw that care workers and senior staff responded quickly to any call bells.
- We saw each person had a personal emergency evacuation plan (PEEP) which provided detailed information on how to support the person if they needed to evacuate the building in case of an emergency.
- Regular environmental checks were carried out around the home to ensure people were living in a safe place. Monthly checks were completed on profile beds, hoists, the call bell system and the lift. Other regular checks included the fire systems, kitchen equipment and communal areas such as lounges to ensure they were maintained and safe.



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

- People we spoke with told us they felt safe living at Brackenbridge House. Their comments included, "I have my own place and that makes me feel safe", "I feel safe but need someone to go out with me" and "Sooner be here than at home alone."
- The provider had a procedure to respond to any concerns raised in relation to the care which was provided. During the inspection we looked at the records of three safeguarding concerns and saw they included copies of correspondence with the local authority and any relevant paperwork included copies of incident and accident reports.
- We saw care workers completed safeguarding training as part of their induction and mandatory training. Care workers we spoke with demonstrated a good understanding of safeguarding and how to protect people from possible abuse.

## Staffing and recruitment

- The provider had an appropriate number of care workers to meet the needs of people using the service. There were 29 people living at Brackenbridge House with a further three people in hospital at the time of the inspection. The majority of people living at Brackenbridge House required the support of one care worker with one person receiving care in their bedroom.
- People's needs were met by four care workers and two senior care workers on duty during the day and two care workers with a senior care at night.
- The provider had robust recruitment processes. During the inspection we looked at the recruitment records for three care workers employed since the last inspection. The recruitment records included two references from previous employers, a full employment history and notes taken during the interview. Checks were also carried out in relation to the applicants right to work in the UK and criminal record.

## Preventing and controlling infection

- The provider ensured care workers had access to personal protective equipment (PPE) for example aprons and gloves to use when providing care. Records indicated, and care workers confirmed they had completed infection control training as part of their induction and ongoing mandatory training. There were clear processes and procedures in place to ensure any cleaning activity was carried out appropriately.
- We saw risk management plans and care plans were developed if it was identified that a person had an infection which could be transmitted to other people, for example MRSA, to ensure appropriate barrier care techniques were used when supporting the person.

# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- A detailed assessment of a person's support needs was completed before the person moved into the home. The needs assessment included information on the person's medicines, how much support they required, mobility and personal care. Information from the needs assessment and local authority referrals was used to develop the person's care plan.
- An assessment of a person's needs was also completed before a person came to the home for a respite stay to ensure their support needs could be met.
- People and their relatives were encouraged to visit before deciding to move to the home.

Staff support: induction, training, skills and experience

- We saw care workers and other staff at the home had completed a range of training identified as mandatory by the provider to enable them to care and support people in an appropriate and safe manner. The training included moving and handling, health and safety and the Mental Capacity Act (2005). Care workers we spoke with told us they enjoyed the training they had completed, and they felt it was beneficial.
- New care workers completed an induction programme and they were assessed during their induction period. They worked with experienced care workers when they started their role at the home to develop their skills, so they could meet people's needs.
- We saw care workers had regular supervision meetings with an annual appraisal with their line manager which were recorded and included any identified action. Care workers told us they felt their supervision meetings were very helpful as they were able improve their understanding of good practice and to discuss any issues with their line manager.

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

- People we spoke with told us they liked the food, could choose alternatives to the menu options available and were able to access snacks when needed. People could choose to eat in the dining room, lounge or in their bedroom. Their comments included, "Food is nicely cooked, and staff will help me by cutting my food up", "If I do not like the look of it, I will not eat it", "They ask you what you want to eat, and you choose what you like" and "They tell you what they have, and you can decide what to eat."

- We saw a food preferences form had been completed for each person as part of their care plan. Information was displayed in the kitchen identifying any specific dietary requirements and allergies for people living at the home.

- Also, people's weights were monitored monthly and if there was evidence of weight loss a dietician was contacted and any nutritional supplements prescribed were recorded on the MAR chart. We saw a person who was living with diabetes had a detailed care plan in place to manage nutrition and weight.

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

- During the inspection we spoke with the maintenance supervisor who explained there was a refurbishment programme underway at the home to provide an environment which was suitable for people with different support needs including dementia. The flooring was being changed to reduce the risk of slips and trips and corridors were being redecorated to make them brighter and to enable people to identify more easily where they were in the home and to be as independent as possible.

- Two separate lounge areas had been clearly identified to enable people to choose if they wanted to spend time in a quiet area or sit on a lounge with more people. There was a large garden area which people were supported to access.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People we spoke with confirmed they saw the GP and other healthcare professionals. Their comments included, "Doctor will visit me here", "I do get to see doctor, dentist and chiropodist when I need to and they visit me here" and "I saw my doctor two weeks ago as I have dry skin on my arms."

- During the inspection we spoke with the GP who explained they visited the home weekly and they were working closely with the care workers to ensure people had regular medicines reviews and referral to other healthcare professionals including the mental health team, dietician and occupational therapists.

- We saw people's care plans identified which healthcare professionals were involved in people's care and copies of discharge letters, dental visits and optician's prescriptions were part of the person's care records.

#### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed in relation to specific aspects of a person's care to identify if they could consent to that care being provided. If the mental capacity assessment identified a person was unable to consent, a best interest decision was recorded to enable care workers to provide appropriate support.
- We saw where a person had been assessed as lacking capacity to consent to care an application for DoLS had been made to the local authority. A record of each application was maintained to identify when an authorisation was received and then a new application was due. When a DoLS authorisation was received, a care plan was developed to provide guidance for care workers on how to best support the person with decision making and if any conditions had been made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us they were happy with the care they received. Their comments included, "They do look after me, doing a good job", "Nice to help each other, wonderful staff" and "All the staff are hardworking girls."
- During the inspection we saw care workers supported people in a kind and caring manner. People told us, "Staff are fond of you and want to get to know you better", "All are good and look after people" and "They do anything to help and comfort you." Care workers referred to people using their preferred name. We saw one care worker sat with one person and sewed a button back onto their jacket, so they could go out later in the day. Care workers demonstrated they had a good understanding of people's support needs and showed they knew how to respond and communicate with people effectively.
- We asked the registered manager how staff had been supported to promote a LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly environment at the home. The provider had policies in place in relation to equality and diversity and how to support people with their sexuality and relationships. Care workers completed equality and diversity training as part of the mandatory training programme. There was a notice board in the reception area promoting equality and diversity for people living at the home and for all the staff there to support them.
- People's religious and cultural needs were identified during the initial assessment of needs and was reflected in the care plans. We saw care plans included information of the person's life history, personal interests and hobbies. There was a monthly church service at the home and one person commented, "We have a visiting priest and sing hymns with bible readings."

Supporting people to express their views and be involved in making decisions about their care

- People and their family/representatives were involved in making decisions about how care and support was provided. We saw review forms had been completed with people living at the home and their relatives/representatives to reflect what was discussed. People we spoke with confirmed they had made decisions about their care.
- During the inspection we saw people were supported to make choices about their care and how they wanted their care provided. People were asked their preferences in relation to food and drink, if they wanted to take part in activities and where they wanted to sit.

## Respecting and promoting people's privacy, dignity and independence

- We saw care workers encouraged people to be as independent as possible and provided support when needed to ensure they were safe. If a person was able to eat a meal without support or could walk unaided the care workers would remind them to ask for help if they needed it. People were assessed and provided with appropriate equipment, for example a walking frame, to assist them in being as independent as possible.
- People felt the care workers treated them with dignity and respect when they provided care. People commented, "I'm happy and staff are pretty good. If you ask for help they will help as a friend and not just as an employee" and "When I have a bath, I do not like being on my own, staff have to lower me into the bath on the seat. I would not take any nonsense, people are quite nice here. Staff help me go to bed by closing my curtains, shutting the lights and shutting the door." Care workers we spoke with demonstrated they had a good understanding of how to ensure people's dignity and privacy was maintained when they provided personal care by ensuring doors and curtains were closed and as much of the person as possible was kept covered during the care.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- During the previous inspection in July 2018 we saw that the activities which were provided were not meaningful for people living at the home. During this inspection we found some improvements had been made in relation to activities. People told us, "No complaints or issues here and I watch the news on the TV. I will walk in the garden when the weather is good" and "I would like a sing a long and more cheerful stuff."
- The provider had employed a full time activities coordinator for the home. The activities coordinator explained they supported people to visit a local dementia café once a fortnight. There was also a hairdresser who visited the home every two weeks with a specific salon room to enable people to have a full hairdressers experience. A group of musicians and singers from the Royal Albert Hall visited the home last year and people were given songbooks, so they could join in singing. Other activities included bingo, quizzes and birthday parties. During the inspection we saw people actively took part in activities, were supported when required and enjoyed themselves.
- People were given a picture-based schedule for the activities planned during the week. Records were completed to show who took part in each activity, if people enjoyed themselves and if anyone was unable to attend the activity. During the inspection we spoke with the activity coordinator who confirmed they had not received any training to support them in developing additional meaningful activities to meet the needs and interests of people living at Brackenbridge House. We discussed this with the registered manager who then arranged for the activities coordinator to spend time with the coordinator at another local home run by the provider and to attend training courses relating to different types of activities.
- People's care plans provided care workers with information on how people wished their care to be provided. The care plans included information on people's daily routines and preferences for personal care and meals.
- Care plans were reviewed monthly as part of the resident of the day process and the registered manager had an annual meeting with the person and their relatives/representatives to review their care needs.
- Care workers completed a record of the care and support they had provided for people during their shift. These notes were sometimes brief and were often focused on the care tasks completed and not the person and their experiences and feelings. We discussed this with the registered manager who confirmed they were working on making these records more person focused.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process in place. The complaints folder included information to show the details of the complaint, who it related to, the outcome of any investigation and the response to the person who raised the complaint.
- During the inspection we looked at the records for three complaints received in 2019. The complaints records included details of the investigations which were completed with the outcome and response in addition to the actions which were taken to reduce the risk of reoccurrence.

#### End of life care and support

- We saw there were sections in the care plan which identified how the person wanted to be cared for at the end of their life. The sections included information on the person's spiritual needs, if they wanted to be resuscitated, details of any funeral plans which were in place and if they wanted to be taken to hospital if their health deteriorated. For example, the end of life care plan for one person identified they wanted to be given the last rites while the care plan for another person indicated they wanted to be resuscitated. Where the person or their relatives were not ready to discuss their wishes in relation to end of life care this was recorded.



# 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- During the previous inspection in July 2018 we identified a breach of regulation in relation to good governance in that the provider's audits and quality assurance did not always provide appropriate information to enable them to identify areas requiring action. We issued a Warning Notice to the provider requiring them to comply with the regulation by 13 November 2018. At this inspection we saw there had been some improvements made to the quality assurance process, but the checks carried out in relation to care plans and risk assessments were still not robust.
- The care plans and risk assessments for each person were reviewed as part of the resident of the day system by the person's care worker. The care plans and risk assessments were then checked by the deputy manager and if there were any changes to the records they wrote 'changes made' on the resident of the day record sheet. However, the record sheet did not indicate what changes were made. We also know that information from the incident and accident forms were not added to the care plans as the provider's guidance required so the care plan information was not always up to date. Therefore, when the review was carried out not all the information was available to enable a full review to be completed.
- This meant care workers were not always provided with accurate and up to date information regarding people's care needs.

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

- The registered manager completed a monthly audit which included information from a range of other audits carried out regularly at the home. The audit included the dates of the most recent environmental checks with information about who completed them and when they were next due. There was also information from the review of the records relating to complaints, safeguarding, incidents and accidents, pressure ulcers, staff training, supervision and appraisal, activities and food and fluid records. There was an action plan completed as part of the audit to address areas identified for improvement with expected completion date and when it was achieved.
- We saw there were daily stock counts of medicines provided in the original packaging which were all accurate, and twice monthly audits by the deputy manager. An external audit by the supplying pharmacist

in January 2019 correlated with the internal audits.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with told us they liked the registered manager. Their comments included, "I like the man, he talks to me" and "He is alright and I can chat to him any time." During the inspection we saw the registered manager and deputy manager had a good understanding of people's needs and how they wanted their care provided. We saw one person could sometimes become anxious and the registered manager would sit with the person and they knew how to help the person become calmer.
- We asked people for their views on the staff and the home in general and they gave positive responses. Their comments included, "Not too bad – always good to me and look at my style to care for me", "Family can visit anytime at all", "It is alright here, laid back and treat you like a guest here" and "My family are welcome and come when they can." One relative told us "Happy with family members here, no complaints."
- Care workers we spoke with told us they felt supported by the senior management at the home and they felt there had been changes at the home to make the culture more open and honest. Their comments included, "If I have a question I can go to the registered manager or deputy manager and I am confident to ask as they will help me", "I used to get up and not want to go into work as I didn't know if there would be enough care workers on duty or who would be in charge but now I look forward to going into work as I know there will be enough staff and there is a manager. This is a lovely place to work and we are a family" and "If I am asked to do something and I am not sure what to do I can ask them what to do and then I can check with the registered manager or deputy to make sure it is done correctly."

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

- The registered manager, deputy manager and senior care workers had clear roles and responsibilities within the home. The completion of various audits, the supervision and appraisals of different staff groups had been allocated to specific senior staff members with the registered manager having an overview of the work completed through the monthly manager's audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held with people using the service and their relatives to obtain feedback on how the care was being provided and to get suggestions on areas requiring improvements.
- There were also regular meetings with care workers and other staff providing support at the home. The actions identified at these meetings were reviewed as part of the monthly registered manager's audit and indicated if these actions had been completed and recorded.

Working in partnership with others

- The registered manager explained they had a close working relationship with the local authority and Clinical Commissioning Group. There were regular visits from the local authority quality monitoring team and an action plan had been developed to assist with improvements in the quality of the service and the care provided. Care workers had attended training organised by a local hospice and the local authority

which included end of life care and DoLS training. The registered manager had been accepted on a manager development programme being run by the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users.</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have an effective system to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have an effective process to assess the specific risks to the health and safety of services users and do all that was reasonably practicable to mitigate any such risks.</p> <p>The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>

