

Shaw Healthcare (Group) Limited

Maitland Park Care Home

Inspection report

Maitland Park Road
Maitland Villas
London
NW3 2DU

Tel: 02074246700

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Maitland Park Care Home is registered to provide accommodation and nursing care to 60 older people, some of whom were living with dementia. There were 56 people living at the home when we carried out our inspection.

We carried out an unannounced, comprehensive inspection of this service on 11 and 13 July 2017. After that inspection we received concerns in relation to tissue viability care provided at the home. As a result, we undertook a focused inspection to look into those concerns. This report covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

We did not identify risks, concerns or areas for significant improvement with regards to the remaining key questions. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The home had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had registered with the Commission in August 2017. The registered manager was supported by the deputy manager who was also a clinical lead at the home, the provider's senior management team and a team of nurses, team leaders, support workers and other support staff.

Prior to our inspection we received information of concern that related to tissue viability care provided at the home and increased number of falls amongst people who used the service. Therefore, as part of this inspection we looked in detail at arrangements around skin viability care and falls prevention. We found that risks to health and wellbeing of people who used the service had been appropriately assessed. Records showed that staff were provided with guidelines on how to support people safely. These included various assessments related to skin care and the prevention of falls.

However, during this inspection we found issues around some aspects of the safety and leadership at the home. These were related to sharing important information about the care provided to people, staff knowledge of all the home's policies and procedures and the lack of established procedures when transferring people between units within the home.

We found that information provided by the home to external monitoring bodies, such as, the local authority and the CQC, was not always fully transparent and complete.

We found the home's representatives had not always made appropriate and prompt safeguarding referrals to respective monitoring bodies. This meant the home had not always worked closely with these monitoring

bodies to fully identify and prevent, further potential harm or abuse that people could be subjected to.

The provider had a range of policies and procedures available to staff to guide them of their roles and responsibilities when providing care. However, we found that staff were not always aware of these policies. This could also lead to the lack of a unified approach in providing care across the service.

We found some issues related to the storage of controlled drugs (CDs) and discrepancies in the numbers of medicines administered and stock levels on the day of our inspection. These were addressed and rectified during and shortly after our inspection. We concluded that people received their medicines safely, however, improvements were needed in respect of how the home checked and audited medicines stock to ensure they tallied at all times.

Staff were generally content with the support they received from their line managers and their contribution to the service had been recognised. However, staff we spoke with felt that long working hours versus high needs of people using the service and limited amount of staff comfort breaks impacted on staff ability to provide high quality of care at all times.

The staffing level at the home was allocated depending on the current level of needs of people who used the service. The registered manager told us that staff numbers would be increased if the level of needs of people receiving support would become greater. People we spoke with told us that staff were busy and there was a shortage of staff.

The provider had other systems in place to help to protect people from avoidable harm. These included various health and safety checks, appropriate infection control measures and robust recruitment systems.

There were systems in place to seek feedback about the quality of service provided from people who used the service, their families and staff employed at the home. These included family and resident's meetings, staff meetings as well as regular quality surveys for people who used the service and the staff.

External professionals spoke positively about care provided at the home. They felt staff provided good quality care to people. However, they told us that the communication from the management team about care provided to people was not always prompt or complete with information requested.

There were a number of quality checks carried out at the home. This included various audits conducted by the home's management team as well as periodic quality monitoring checks carried out by the provider's quality team.

We found two breaches of Health and Social Care Act Regulations and made one recommendation about the management of medicines.

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.

Appropriate safeguarding referrals to external monitoring bodies were not always carried out by the home's representatives.

Overall medicines at the home were administered safely. Improvements were needed to the monitoring and auditing systems to ensure medicines stock and storage were correct at all times.

Risk to people's health and wellbeing was assessed and staff had sufficient guidelines to provide safe care.

Staff followed appropriate infection control procedures to minimise the risk of infection contamination.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The home representatives had not always provided external monitoring bodies with contemporaneous and complete information about possible safeguarding concerns and health of people who used the service.

The provider had a range of policies and procedures to guide staff on their roles and responsibilities when providing care to people. However, staff we spoke with demonstrated that they were not fully aware of these.

Staff told us they generally felt supported by their managers. However, they also felt that current long shift patterns and limited number of breaks could affect the quality of care provided to people.

External professionals gave overall positive feedback about the quality of the service provided at the home. However, they also said the quality of communication about care provided could improve.

People using the service and their family members were

Requires Improvement ●

encouraged to give feedback about care provided by the home. The feedback received from people and their relatives during the inspection was generally positive.

Maitland Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2018 and was unannounced.

The inspection was carried out by one inspector, a tissue viability nurse specialist advisor, a pharmacist specialist advisor, an occupational therapist specialist advisor 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.

The CQC had been informed of a recent safeguarding matter where a person using the service had developed a number of ungradable skin ulcers. At the time of our inspection this matter was subject to police investigation and as a result this inspection did not examine the circumstances of the case. However, the information shared with CQC about the incident indicated potential concerns around the management of skin care at the home. This inspection partly looked at how the provider managed skin care and the support given to people with increased risk of developing pressure ulcers.

Before the inspection, we reviewed the information we held about the service. These included people's feedback and notifications of significant events affecting the service.

During our visit, we spoke with members of the management team including the registered manager, the deputy manager who was also the clinical lead, the director of compliance & governance, who was also the nominated individual for the home. We also spoke with nine staff members including three team leaders, four health care assistants and two nurses.

We spoke with 16 people who used the service and one relative visiting the home.

We also spoke with four external health and social care professionals who visited the home during our

inspection.

We looked at records which included care records for 19 people, recruitment, records for 10 staff members, and other records relating to the management of the service, such as, health and safety checks, team meeting minutes, medicines and people's care records audits.

Following the inspection, we contacted and received feedback from two additional external social care professionals and three family members.

Is the service safe?

Our findings

People using the service told us they felt safe with staff who supported them. Some of their comments included, "It's great. There's been no problem since the word go", "Everything is fine, very safe. They are all very nice people, I like them all, friendly and helpful" and "I feel totally safe with the regular care staff. They're first class and dedicated." Family members told us, "I got to know the staff and I trust them as I witnessed them being very patient with people" and "Oh very safe. My relative is always happy to go back to the home after visiting us."

Although we received positive feedback from people and their families, we found that the home had not always taken all possible steps to ensure people using the service were protected. Through communication with the local authority and documentation viewed during our inspection we found out about an incident when one person's health significantly deteriorated, however, no prompt internal safeguarding procedure had been opened to look into potential causes of this deterioration. Furthermore, appropriate safeguarding alerts to the local authority and the CQC had not been made. Consequently, no early action had been taken by the external monitoring bodies to protect the person and support the staff in providing the individual with safe care.

The above is evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received safeguarding training and they understood their responsibility in protecting people from harm from others. One staff member told us, "Safeguarding means protecting vulnerable adults from any possible harm. If I had any concerns I would raise them with my manager. I could also notify the Police, CQC and the Local Authority." There was a safeguarding policy in place and the registered manager had maintained a safeguarding folder with details of safeguarding concerns raised at the service. Minutes from various meetings taking place at the service showed that identified safeguarding matters had been discussed with staff teams so lessons could be learnt and risk of similar safeguarding concerns recurring was reduced.

The provider had recently introduced a safeguarding tracker which consisted of a brief information on each safeguarding concern raised at the home. The registered manager told us, "The register is very useful. It helps me to see possible trends in safeguarding concerns and take appropriate action to address these concerns."

We looked at how the home managed people's medicines. We looked at the storage and recording of controlled drugs (CD) in both, the residential and nursing units. We found that all CDs in the nursing unit were stored securely and recorded accurately. On the residential unit we found a discrepancy in balances of one controlled drug and no records of stocks of two others. The CD cabinet on the residential unit was also used to store syringes and other prescription only injections. On further investigation we found that the CD cabinet in question was also used by visiting palliative nurses to store medicines and injection paraphernalia. Therefore, some medicines used by visiting nurses were not recorded as part of the home's medicines stock. This was not in line with the most current guidelines, which state that CD cupboards

should only be used for the storage of CDs and no other medication or valuables. We discussed this with the members of the management team. They assured us that they would take advice on how storage and records could be improved so that the home and visiting nurses follow one protocol that was in accordance with the most current guidelines. Following the inspection, we were contacted by the registered manager who informed us that action was taken to address issues highlighted by us. All medicines were recorded as required in the controlled drugs book and other medicines and items were removed from the CD cabinet.

We found that other medicines at the home were stored safely. Medicine trolleys were kept securely in the home in locked clinical rooms. We saw records of medicines disposed of by the home and waste medicines were also stored securely in the locked clinical room. Temperatures were recorded daily in the clinical rooms and for the medicines fridge so that the potency of the medicines could be maintained. We noted that in the residential unit only the actual temperature of the fridge was recorded rather than the maximum and minimum. We spoke about this with the respective team leader on the day of our inspection and they said this would be addressed. Staff at the home administered medicines from the original packs and we saw that they wrote the date of opening when they started a pack and noted the stock count on the MAR when they gave a medicine. This ensured that people received medicines that were in date and allowed an audit trail.

We checked if the medicines stock at the home matched the number of medicines administered by staff. We counted 51 random samples of supplies of medicines in total over both the nursing and residential units. We could reconcile all but four with the records of receipts, administration and disposal. In all four instances we found a surplus of medicines in stock indicating there was a possibility the medicines were not administered to people. Additionally, we noted on the MAR for one person a double entry for a Vitamin D3 medicine. It was prescribed under two different names on the MAR and records showed that a dose of one brand was given on 10th July 2018 and a dose of the second brand given on 12 July 2018. We spoke about this with a staff member on the day of our inspection. Consequently, the GP deleted one entry during their visit at the time of the inspection.

We spoke about all the identified discrepancies with members of the management team on the day of our inspection. They assured us that they would look into the possible cause of these discrepancies immediately. They also assured us they would improve their auditing system so any differences between medicines administered and in stock could be promptly identified.

People we spoke with gave positive feedback about support they received from staff with their medicines. Visiting professionals, including members of the multidisciplinary team also did not raise concerns about medicines management at the home. Therefore, we were assured that overall medicines were managed well. However, the provider must ensure that all medicines for all people were managed appropriately at all times.

We recommend that the provider seeks further guidelines and training on how to manage medicines to ensure medicines are managed correctly at all times.

People at the home were unable to administer their medicines. We saw that all people had assessments in place which detailed how they liked to have their medicines given. Staff recorded medicines administration on Medicines Administration Records (MARs). We looked at 42 MARs for both the nursing and residential unit. We saw just one gap in the recording of administration of medicines. However, after counting the stock, we could see that the amount of medicines administered and remaining in stock tallied. This indicated that the medicine was given but that the MAR was not signed. Some people had their medicines in liquid or dispersible form and given covertly, and we saw the prescribing of food thickeners to aid swallowing for

others. We saw that there were multidisciplinary agreements in place for the people given their medicines covertly and that this was agreed as being in their best interest by the home, relative, pharmacist and the GP.

We saw that when people were receiving medicines such as painkillers and laxatives on an irregular basis or as required (PRN) there were protocols in place so that staff knew when, why and how often they should be given. When there was a variable dose this was accurately recorded so that the prescriber could determine the effectiveness of the medicine. Several people were prescribed patches for pain relief and we saw patch charts to record the site of application. Creams had their instructions detailed on the MAR or individual cream charts with administration recorded. One person was prescribed insulin for their diabetes had a detailed chart recording blood glucose so that their medical condition could be observed and kept stable.

Information on medicines currently prescribed to people was clearly recorded on people's Medicines Administration Records (MAR). Copies of most current prescriptions were available and we saw that information on the prescription matched records on respective MARs. We saw that the allergy status of all people had been also recorded both on MAR cover sheets and the MARs. This helped to prevent the risk of inappropriate prescribing and people receiving medicines that could cause them harm.

We noted from the MARs that medicines were reviewed regularly and dosage changes were clearly documented on the MARs. The home had regular multi-disciplinary meetings with the GP, consultant geriatrician and community palliative care nurse to discuss high risk and newly discharged people to ensure the appropriateness of care and to prevent inappropriate hospital admissions.

The home had an up to date medicines policies and procedures available and we saw records of recent medicines training and competency assessments of staff trained to administer medicines.

We saw monthly internal and external medicines audits for the last three months. Because of changes in staffing at the home we were told that these were not as robust as they could have been. However, we did note that the CD recording issues identified by us were also identified on the residential unit in April 2018 and that further action was documented as required in May 2018.

We found that risks to health and wellbeing of people who used the service had been assessed and staff were provided with guidelines on how to support people safely.

We saw that the provider had a prevention of pressure ulcer policy in place. The document was robust and it included a description of SSKIN principles, which was the most current five-step model for pressure ulcer prevention. However, when asked, staff across all levels of responsibility at the home did not know about these principles. Some staff were not aware of the policy. We saw that staff received training in pressure ulcers prevention. Staff we spoke with were able to tell us what action to take if they saw a person was developing a pressure ulcer. However, due to the lack of awareness of the provider's policy there was a risk that staff approach to the ulcer prevention would vary and staff would not fully know their roles and responsibilities in relation to providing effective skin care. This could further lead to appropriate preventive action not being taken and could cause harm to a person using the service.

We found that each person using the service had a skin integrity support plan formulated on their admission and staff were provided with guidelines on how to support each individual person with their skin care. We saw that appropriate risk assessments, such as Waterlow, skin integrity and incontinence had been completed and then reassessed and documented daily, monthly or three monthly depending on the type and level of risk for each individual person.

We saw that, when required, appropriate equipment, such as air mattresses and wheelchair cushions, had been provided to help people to prevent the development of pressure sores. Staff supported people in understanding why this equipment had been used. For example, we asked a person using the service why they had a pressure cushion and they told us this was to prevent pressure ulcers.

Some people using the service had reduced mobility. They needed staff support with repositioning to relieve pressure on skin and to avoid development of pressure ulcers. We saw that staff had been provided with appropriate guidelines including repositioning plans and appropriate risk assessment to ensure people received support that was relevant to their needs.

We found that people's weight had been monitored regularly. We noted that when people did not want their weight to be checked this had not been reflected in respective weight monitoring documentation. Consequently, it was not always clear why the record was not there and if action had been taken during this time to support the person with their health and nutrition. However, on further review of documentation, we saw that when necessary, appropriate referrals to respective health professionals had been made and people were supported with their nutrition. We noted that nutritionist recommendations were clearly detailed in people's care plans.

Since our last inspection, we noted that there had been an increase in the number of falls in the home. The service had submitted appropriate statutory notifications in respect of these falls. There were ten falls reported to the CQC and all of these resulted in the person/people sustaining a bone fracture. During this inspection, we saw that action had been taken to address this issue. The registered manager told us that they had analysed each incident in order to understand the cause of the falls. This was also discussed in respective staff and professionals' meetings and actions had been agreed to increase prevention of falls at the home. These included reviews of people's medicines and ensuring appropriate hydration for people. Additionally, the new risk assessment process and documentation had been implemented to better reflect risks of falls to individual people. We saw evidence of the new documentation in people's care files. The information in the document was detailed and was used to formulate safe handling, mobility, falls prevention and moving and handling support plans.

We saw that where possible, preventive measures had been put in place to stop further trips, slips and falls. People were provided with appropriate aids to help safe transfer between places. This included hoists, Zimmer frames, specialised chairs (wheelchairs and personal recliner chairs), crash mats and heel protectors. We observed that during social activities in the communal area, staff moved all Zimmer frames to one side to free the space and to reduce the risk of trips. We saw that a number of women using the service had open back footwear which could contribute to falls. This included one person who was prescribed special orthopaedic footwear. We discussed this with the staff on the day of the inspection. Staff explained that people chose to wear open back footwear to keep their feet cooler during hot summer days. We saw that when needed, staff assisted people when they got up to walk to reduce the possibility of a fall.

We saw that other risks to health and wellbeing of people who used the service had been assessed and staff were provided with guidelines on how to support people safely. These, for example, included the risk of choking, and risk assessments related to a range of people's behaviours that could challenge the service.

There were systems in place to ensure people lived in a clean and safe environment. On the day of our visit we saw that the home was clean, free of clutter and there was no unpleasant odour. Records showed regular health and safety checks had been carried out. These included building health and safety checks as well as gas, electrical equipment, water and fire safety checks. We saw that equipment used, such as lifts and hoists and wheelchairs had been regularly serviced to ensure they were in good working order. We saw

that windows restrictors had been installed in communal areas within the home. This ensured people were protected from accidental falls out of the window. We saw that any maintenance matters had been recorded. Staff told us prompt action had been taken in order to address identified maintenance issues.

The provider had system in place to manage accidents and incidents. Records showed that reported accidents and incidents were documented with details of what had happened and what immediate action had been taken to address the situation. The registered manager also provided us with a copy of an incident and accident tracker. The document was used to monitor accidents and incidents, to identify any trends or patterns in accruing accidents and incidents and to record improvement actions that were taken to stop incidents and accidents from reoccurring.

The provider had a robust recruitment procedure in place to ensure only suitable staff were appointed to work with people who used the service. Since our last inspection the service had employed 20 new staff members and we looked at recruitment records for ten of them. We saw that appropriate checks had been completed before staff started working with people. These included previous work history, professional and personal references, eligibility to work in the UK. The provider had also carried out Disclosure and Barring Services (DBS) criminal checks. We saw that all staff employed at the service had DBS checks completed.

We looked at staff levels at the service across all the units at the home. As explained by the registered manager, staff numbers had been set to one staff member per five people who use the service. The staffing levels could be increased depending on the level of needs of people. For example, at the time of our inspection there were additional two staff members allocated to the nursing unit. This meant that four staff supported by one nurse cared for 18 people living on the nursing unit. Staff on the residential units were supported and led by team leaders. We were told that rotas had been prepared at least four weeks in advance so all staff planned absences had been covered. We looked at the rotas for the past two months which confirmed that described arrangements had been in place. Approximately 12 to 14 staff were scheduled to be present at each shift at the home.

People told us that staff spoke to them when they could and attended to their needs as soon as they were able to. However, the majority of people commented that staff were often very busy as there were not enough of them. Staff we spoke with told us that staffing levels were adequate and that they could also ask for help from staff from other units if needed.

The service had systems in place to ensure effective infection control. Staff received appropriate training and they were able to describe various infection control measures. Staff said they had access to appropriate personal protective equipment (PPE), such as, gloves and aprons. In the communal bathrooms across all three floors of the home, we saw hand wash liquid, paper towels and guidelines for staff and people on effective hand washing techniques. Antibacterial gels were available in communal areas and could be freely used by people, staff and visitors. This indicated appropriate measures were put in place to help to reduce the risk of infection. The registered manager informed us, and staff confirmed, that infection control matters were also discussed at the staff induction and various staff meetings.

Is the service well-led?

Our findings

The home had various systems in place to share information about care provided to people within the service. However, we found that information about people's care provided by the home to external monitoring bodies was not always contemporaneous. Relevant authorities had not always had access to up to date information about care provided to people. Consequently, there was not always additional level of appropriate scrutiny to ensure people received care that was effective and safe. We cross-referenced information submitted to CQC and the Local Authority about the falls at the home that resulted in fracture. We found that the information provided about these incidents had not always match. For example, in March 2018 CQC had received a statutory notification from the home about a fall that happened the previous month. The local authority had received a falls register submitted by the home providing them with information about falls in February 2018. Both documents contained information about one fall resulting in fracture. We cross-referenced these documents and we saw that the date and the time of the incident were different on both documents. In another example, in November 2017 the home informed the CQC via statutory notification about another fall that resulted in fracture. This incident had been recorded in the falls register submitted to the local authority, however the dates of the incident were different. In another example, in the monthly report to the local authority the information about health for one person was not described adequately suggesting that the needs of the person were lessen that diagnosed by a visiting professional. Furthermore, appropriate safeguarding referral had not been raised with the local authority. This is required by the law to ensure appropriate level of scrutiny and monitoring to safeguard people from possible harm and abuse.

Furthermore, we found that the registered manager had not always informed the Commission about safeguarding concerns with regards to care provided to people. They should have done as any safeguarding is a notifiable event and a statutory notification is required by the Regulations. We are looking into this matter further.

The systems within the home included daily staff handovers, communication books, various staff team meetings and Multidisciplinary team meetings with external health professionals. We saw that outcomes of this meeting had been recorded and staff and visiting health professionals had access to this information.

The provider had a range of policies and procedures to guide staff on how to support people. However, we found that not all polices were known to staff. For example, staff we spoke with were not aware of Tissue Viability Policy providing guidelines on appropriate skin care support. Additionally, some important processes had not been formulated into standardised procedures. Staff across the home had not always had clear guidelines on what to do and what their roles and responsibilities where when supporting people. Therefore, it was possible that important action related to people's care would not be taken or information about people would not be forwarded. Consequently, there was a risk that people would not receive care as they should. For example, from conversations with staff and members of the management team we found that there was no clear standard operating procedure (SOP) or protocol related to transferring people from residential units to the nursing one. Clear lines of communication and accountability had not been established. We were made aware of one incident when appropriate action had not been fully taken when

moving a person from residential to the nursing unit. This affected the quality of care provided to a person who used the service.

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

The provider carried out staff survey to gain their feedback about various aspects of working at the home. The latest survey took place in March 2018. The outcome of the survey suggested that approximately 73% of staff who responded were satisfied with various aspects of working at the home. We saw that staff were generally satisfied with the support they received from their line managers and their contribution to the service had been recognised. We also noted that main areas of development highlighted in the latest staff survey related to improving communication within the home and aspects of health and safety and welfare during long working hours. Staff we spoke with confirmed these were main areas of development required at the service. Staff told us that long, 12 hours shift with ratio of five people to one staff member were difficult. This was because a high level of continuous work did not allow enough breaks to rest and at times to have a meal. Consequently, due to staff fatigue there was a risk staff would not provide care that was prompt and of a high quality. We spoke about this with the management team on the day of our inspection. They reassured us that staff were allowed and encouraged to take comfort and food breaks when possible and needed by them. However, because this was not how staff experienced it and associated risk that care provided to people could be affected we assessed that this area of the service needed to improve.

People who use the service gave us generally positive feedback about the home. Some of their comment included, "They're all very nice. I don't want to move!", "For what little service they give on the face of it I think they are reasonably competent" and "I've never had to make a complaint. I'm quite lucky. I'm happy." All family members we spoke with were happy with the service provided by the home and they thought their family members were safe and their needs were well attended. They told us, "I am happy with the home. The registered manager is attentive and explains things well to me" and "It is a lovely home, staff are nice and you can see people seem very happy there."

People and their family members were encouraged to give their feedback about the service provided at the home. Family and residents' meetings took place where people using the service and family members could discussed matter related to the service provision at the home. The most recent meeting took place in May 2018. We saw that action had been taken in response to concerns and suggestions raised by those who attended the meeting. The majority of family members we spoke with confirmed that they were aware of the meeting. They said they attended them or they saw information about upcoming meetings displayed in the communal areas of the service.

The majority of external health and social care professionals spoke positively about the management and the care provided at the home. Some of their comments included, "The home is generally well organised, the staff has good knowledge about people and it is easy to obtain information about people. This is one of the better homes I visit" and "So far I do not have any issues, all my client's needs are being met and people are happy to be here." Two social care professionals told us that at times the communication from the home was not prompt or the information provided was not always complete with up to date data about care provided to people.

The management team had a number of quality monitoring systems in place. These included various audits such as health and safety checks medicines and care plans audits. We noticed that formal care plan audits had been last completed in March 2018. The registered manager explained that the recent increased checks and care reviews carried out by external professional at the home impacted usual auditing schedules. We

also saw a copy of informal checks carried out by the deputy manager where all care files were audited and improvement actions needed were noted. Because there was no accompanying improvement plan we could not say if gaps highlighted by the deputy manager had been actioned. We spoke about this with the registered manager who assured us that any observed information gaps in people's care files were immediately addressed and actioned.

We were also shown six-monthly audits carried out by the provider. We saw that following the audit an action plan had been formulated and it included actions that needed to be completed by the registered manager to ensure service improvement. The registered manager was required to submit monthly progress report to the provider's quality team. We were told by the registered manager that required updates had been regularly submitted and the provider had monitored the progress in completing the action plan.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not ensure service had effective systems and processes in place in place to investigate, immediately upon becoming aware of any allegation or evidence of abuse.</p> <p>Regulation 13 (1) (3)</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 operate effective systems to:</p> <p>Ensure compliance with the requirement of the regulations at all times.</p> <p>Regulation 17(1)</p> <p>Provide information about care provided to people that was up to date, accurate, analysed and when required should be escalated and appropriate action taken.</p> <p>Seek expert advice as needed and without delay to help identify and make improvements.</p> <p>Regulation 17(2)(a)</p> <p>Mitigate the risk relating to the health and welfare of service users</p>

