

Mr & Mrs N Kritikos

# Clarendon House Residential Dementia Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service:

Clarendon House Residential Dementia Care Home is registered to provide accommodation and personal care for a maximum of six adults who have dementia care needs. At the time of this inspection, there were five people using the service. Only one person was able to converse with us. Two other people were very limited in their response to us.

### People's experience of using this service:

The quality of care had deteriorated since the last inspection. People's welfare and safety had been placed at risk due to a lack of staff, vigilance and effective management of the service.

People did not always receive personalised care and support that met their individual needs and choices. There was a lack of social and therapeutic activities. Although there was an activities timetable, we saw no activities being organised for people during the inspection. We also noted that people's likes, and dislikes had not been recorded. There were no end of life care plans for people. We found a breach of regulation in respect of these deficiencies.

There were arrangements for supporting staff and providing them with essential training. Supervision and a yearly appraisal of their performance had been carried out. We however, noted that details of what was covered during supervision and induction were not documented. Staff had been vetted and the staff records contained the required pre-employment checks such as two references, criminal record checks and evidence of their right to work in this country. We however, noted that the home had inadequate staffing levels. The staff rota stated that with one exception, there was only one staff on duty on each shift. The staff on duty were involved in both care and housekeeping duties. Having only one staff on duty during the day and at night meant that people may not receive adequate care and would be at risk in the event of an emergency such as a fire incident. In addition, certain duties such as care documentation and providing activities may not always be attended to. We found a breach of regulation in respect of the above deficiencies.

The premises were not well maintained, and we noted several health and safety deficiencies which put people at risk of harm. These included the absence of weekly fire alarm checks, a fire risk assessment which had not been updated and excess furniture in the garage which housed the fridge, freezer, washing machine and tumble dryer. There was no current safety inspection certificate for the electrical wiring. Inadequate safety arrangements put people at risk of harm. We found a breach of regulation in respect of these deficiencies.

The registered manager monitored the quality of some aspects of the service. However, our findings indicated that comprehensive checks and audits had not been carried out since May 2019. This may place people at risk of harm and not receiving a good quality service. We found a breach of regulation in respect of

this.

The home had a procedure to ensure that people received their prescribed medicines. Staff had received medicines administration training and there were no unexplained gaps in the medicine administration records (MARs). They were aware that medicines to be given as required (PRN) such as painkillers should only be given when needed. There was however, no written protocol to provide detailed guidance for staff. This means that staff may not be fully informed and people may be put at risk. The manager stated that guidance would be provided.

People who used the service had dementia and four were unable to provide us with their view regarding the quality of the care provided. One person stated that they were satisfied with the services provided. Feedback from two relatives indicated that they were satisfied with the care provided and they found staff to be caring and communicative.

Arrangements were in place to help ensure people were protected from the risk of abuse. Staff had received training on how to safeguard people.

Risk assessments had been documented. Risk assessments covered areas such as the risk of falling, behaviour which challenged the service and pressure sores.

People's healthcare needs were attended to. Appointments had been made for healthcare professionals to attend to people. This was confirmed by a healthcare professional we spoke with. This healthcare professional also informed us that staff had followed their guidance and one aspect of the care of their patient had improved.

Meals were prepared by staff in the home. These appeared nourishing. People's weight had been monitored and recorded in their care records. A person with eating difficulties had been referred to their GP and dietitian so that they can receive specialist attention.

The bedrooms and lounge were clean. There were no unpleasant odours in the home. We however, noted that two used cloth aprons were left hanging in the hallway. These were unsightly and may pose an infection risk as they should be stored separately and washed after use.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that two people had DoLS authorisations. However, the service had failed to notify the CQC of this.

Staff had been provided with training and understood their obligations regarding the Mental Capacity Act 2005 (MCA). They knew that people should be supported to have choice and control of their lives in the least restrictive way possible. Staff gained people's agreement before providing them with assistance with personal care and other activities.

Staff respected people's privacy and feedback received indicated that people had been treated with respect. Staff had a caring approach towards people.

Staff had an awareness of ensuring equality and valuing diversity. People were not subject to any discrimination on account of their religious, cultural or other individual characteristics. A person wanted to

attend their place of worship. The registered manager agreed to make arrangements for this to be done.

There was a formal complaints procedure in place which was available to people. No complaints had been documented. The registered manager stated that none were received.

The home had a management structure in place with the registered manager, a manager, a deputy manager and a team of care workers. The registered manager however, informed us that she would soon be resigning from her post and one of the partners would be applying to become the registered manager.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Rating at last inspection:

The service had been inspected on 2 November 2018 and was rated as Good.

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

Why we inspected:

This was a scheduled planned comprehensive inspection.

Enforcement:

We found four breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well led.

Details are in our well-led findings below.

# Clarendon House Residential Dementia Care Home

## **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 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

This inspection was carried out by two inspectors, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Clarendon House Residential Dementia Care Home 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

This was a comprehensive inspection, which took place on 29 and 30 October 2019. The first day of the inspection was unannounced and the second day announced.

We brought forward this inspection in response to concerns we received regarding the service.

#### Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We also reviewed reports about the home provided by the local authority.

#### During the inspection

We spoke with three people who used the service and two relatives. We also spoke with the registered manager, the manager who was also one of the registered partners and four other staff. We reviewed four people's care records, which included care plans and risk assessments. We also looked at four staff files checking staff recruitment, training and supervision records. We looked at records relating to the management of the service which included various policies, medicine charts, procedures, maintenance files and audits.

#### After the inspection

We received feedback from a care professional.

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Inadequate

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

At the last inspection this key question was rated as good. At this inspection this key question was rated as inadequate. This meant people were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

- Risk assessments were in place in people's care records and they contained guidance for minimising potential risks. However, one person's risk assessment was not sufficiently informative. It did not contain sufficiently detailed guidance for staff on how to manage this person's behaviour which challenged the service. The registered manager stated that staff knew how to manage this person and explained to us that this included giving this person time to calm down and supervising them to ensure they did not harm themselves or other people. She stated that this additional information would be documented.
- People using the service did not have personal emergency and evacuation plans (PEEP) in place in case of fire or an emergency. We however, noted that people had fire risk assessments which provided some of the essential guidance needed. The registered manager stated that PEEPs would be provided. These were sent to us soon after the inspection.
- Care workers had received fire training. There was a fire risk assessment prepared by a specialist fire contractor and dated May 2017. However, this had not been updated to include the risks posed by excess furniture in the garage which housed the fridge, freezer, washing machine and tumble dryer. There was no current safety inspection certificate for the electrical wiring.
- In addition to the above, there was no evidence that the fire alarm was checked weekly. Only one fire drill was recorded since January 2019 although the manager said a second one was carried out in June 2019.
- There was no stairgate at the top of the steep stairs. We saw no risk assessment in relation to this potential hazard.
- There was a side passage with a side gate which was bolted from the inside but not locked. This was a safety risk as people may wander off from the home on to the road. The manager locked it the same day.
- A large TV was left on a cabinet directly on top of the stairs. Plastic bags had been stuffed between the cabinet and the railing. This was a safety risk since the TV could have fallen onto the stairs if accidentally dislodged. The manager removed the TV and plastic bags on the same day.
- A window on the ground floor did not have a window restrictor. This is needed for security reasons as the bedroom faced the road.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (2) (a) (b) and (d) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- There was a record of hot water temperatures prior to people being given showers. This ensured that people were protected from scalding.

#### Staffing and recruitment

- The service carried out recruitment checks before care workers could commence work at the service. This was to ensure care workers were suitable to care for people.
- Checks undertaken included two references, permission to work and proof of identity. We saw evidence of Disclosure and Barring checks (DBS) on each file that we looked at. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. One staff member had a DBS check which was over five years old. The manager stated that application had already been made for this to be renewed.
- The service did not have sufficient staff to support people with their care needs. Although the manager was on duty with another staff when we arrived, the rota indicated that for the month of October 2019 there was only one staff on duty for each shift during the day and night. The manager stated that he was usually on duty with another staff during the day. However, this was not recorded on the rota. We also received a report that when a care professional visited the home recently, there was only one staff on duty. In the event of an emergency such as a fire, one staff would not be adequate particularly as some people using the service needed lots of staff input to attend to their care needs. In addition, the staff on duty also had to do cleaning and cooking duties.
- The staffing levels were not adequate for a home with five older people with physical and mental health needs. We arrived at this conclusion as there was evidence that various tasks had not been completed and this included care recording, organising activities, ensuring the premises were safe.

There were not enough staff to keep people safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- The home had a procedure to ensure that people received their prescribed medicines. Staff had received medicines administration training and there were no unexplained gaps in the medicine administration records (MARs). They were aware that medicines to be given as required (PRN) such as painkillers should only be given when needed and that they should not be administered excessively. There was however, no written protocol to provide detailed guidance for staff. This means that staff may not be fully informed and people may be put at risk. The manager stated that guidance would be provided. A healthcare professional who provided us with feedback after the inspection stated that staff were competent in the administration of medicines.

#### Preventing and controlling infection

- The home had some processes in place to reduce the risk of infection and cross contamination. Staff had completed infection control training. They informed us that gloves and aprons were available for them.
- The bedrooms and lounge had been kept clean. There were no unpleasant odours in the home. We however, noted that two used cloth aprons were left hanging in the hallway. These were unsightly and may pose an infection risk. These used aprons should be kept separately and washed after use. The manager took prompt action and removed these aprons.
- The ground floor toilet did not have any handtowels. This was needed for people to dry their hands. The manager stated that these would be provided.

#### Learning lessons when things go wrong

- The service had a system for recording and managing accidents and incidents. The manager told us that

there had not been any untoward incidents or accidents recorded in the accident and incident book. He however, informed us that they recorded incidences of behaviour which challenged the service in the care records of people. This included analysis of the incidents.

- A relative said, "There have never been any incidents of concern whatsoever."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant that the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received support and training to enable them to carry out the duties. Training provided included safeguarding, health and safety, moving and handling, infection control, dignity and respect and equality and diversity. Documented evidence was provided.
- Appraisals had been carried out for staff who were due to have them.
- We saw documented evidence that most care workers had received a supervision session with the manager and this was confirmed by staff we spoke with. One staff had however, not received any supervision since May 2019. We also noted that records of supervision merely consisted of ticking boxes and there were no details of what was discussed. The manager agreed to provide more details in the future and to arrange a supervision session for the staff concerned.
- The records also indicated that staff had been provided with an induction when they started working for the service. However, full details of what was covered during induction were not provided. This means that we cannot be confident that staff had received a comprehensive induction to enable them to perform their duties.

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

- Records showed that people's needs were assessed at the start of the care package. People were involved and consulted with during the assessment process. People's care needs had been discussed with them and their representatives.
- Information gathered during the assessment was used to formulate individual care plans for people.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marriage and civil partnership, religion and ethnicity were recorded.
- Daily logs were completed for each person which recorded the care and support provided for people.

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

- We saw that food was freshly prepared for people and the menu appeared balanced. People told us they were satisfied with the meals provided. One person said, "The food is good." Another person said, "The food is well cooked."
- People's weight had been monitored. Staff were aware that if there were significant variations in people's weight, they should notify the manager so that appropriate action can be taken. Where needed, people had been referred to a dietitian.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The registered manager stated that they monitored people's healthcare needs and ensured that they were met. The care records of people contained evidence of appointments with healthcare professionals such as their GP, hospital consultants and community nurses. Arrangements had been made for one person to be attended to by the community nurse.
- Two healthcare professionals told us they worked well with staff. They expressed no concerns regarding the healthcare of people.

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

- The premises were comfortable and appeared homely.
- We however, found that the premises were untidy and was cluttered with excess furniture.
- The home was not well maintained and some areas such as the kitchen door, walls and stairs needed repainting. The manager informed us after the inspection that he was refurbishing the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with had knowledge of the MCA. They had been provided with training and understood their obligations regarding the Mental Capacity Act 2005 (MCA). They knew that people should be supported to have choice and control of their lives in the least restrictive way possible. Staff gained people's agreement before providing them with assistance with personal care and other activities.
- Care plans included information about people's mental health and capacity to make decisions.
- We noted that two people's liberty had been restricted for their own safety and the necessary authorisations were in place. However, CQC had not been notified.

# 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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care plans stated how people wanted to be supported and what they wanted staff to undertake to meet their needs. These included people's medical, personal and dietary needs.
- Relatives told us that staff were caring and respectful. One of them said, "One of the staff is incredibly kind. She is very calming and has a sensitive way with her. She has a jovial relationship with my relative. The manager has very good people skills." Another said, "My relative is completely safe and never alone. Other homes we looked at were very cold and impersonal." A care professional told us that they found staff to be always polite and respectful.
- We noted that there was positive and regular interaction between staff and people. One person did not speak English. Some staff were able to converse with this person in the language they understood.
- One person told us that they would like to be attended to by their priest. This was discussed with the registered manager who agreed to make arrangements for this to be done.

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

- No formal meetings had been held for either people or their relatives. However, two relatives told us that they had been consulted in decisions affecting people who used the service. They stated that they had been contacted by the manager and had discussed people's care. They also stated that he kept them regularly informed of the progress of their relatives.
- Although people's care needs had been assessed, we found that people's likes and dislikes were not routinely recorded in their care records. This is needed to ensure that their individual preferences were met. The manager stated that this would be done.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to ensure people's privacy. They told us that they would ensure that doors were closed before providing personal care. If needed, they would close the curtains.
- A relative informed us that staff respected the privacy of people. This relative said, "They 100% respect relative's privacy."
- The service had guidance for staff on promoting the independence of people. This included asking people about their choices and giving them opportunity to prepare drinks for themselves if they wanted to. We however, found that people had not been encouraged to participate in activities or outings. Although there was an activities timetable, activities scheduled did not happen. This meant that people did not receive sufficient opportunities to promote their independence and provide them with therapeutic stimulation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated and is rated requires improvement. This meant that people's needs, wishes and preferences were not always reflected in their care plans. Regulations may or may not have been met.

### End of life care and support

- The records of people did not contain evidence that either they or their representatives had been consulted regarding end of life care.
- The registered manager stated that they would consult with representatives and relatives of people regarding end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Relatives we spoke with informed us that they were satisfied with the care provided. One relative said, "My relative is warm and carefully looked after."
- We looked at four people's care records. They contained a photograph of the person and information relating to the person's history and family. Assessments had been carried out to obtain information regarding people's needs. Following this, care plans had been prepared. Care plans contained specific information relating to people's physical health, mental health, personal care, nutrition and mobility. This provided information on meeting people's needs.
- We had received feedback from two care professionals that one person with a pressure sore had not been well cared for. At this inspection we found that suitable arrangements were in place for pressure sore care. One person had a pressure sore and this person was also attended to by the community nurse. We saw that this person had a pressure area assessment and an appropriate care plan in place. Repositioning charts had been fully completed. We were informed by the community nurse that this person's pressure sore had improved, and they were satisfied that appropriate care was provided.
- One person had exhibited behaviour which challenged the service. This person had a behavioural care plan. The manager and staff were aware of how to care for this person and minimise risks to them and other people. However, the care plan did not contain sufficiently detailed guidance for staff on how to manage this person's behaviour. The registered manager stated that this additional information would be documented.
- We saw that no social or therapeutic activities were organised for people during the inspection. There was an activities program on the noticeboard indicating there would be exercise sessions each day. These were not organised.
- People informed us that more activities were needed. One person said, "I don't go out. I think we could have more outings." One relative said, "We still have to discuss a programme of activities for our relative."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

The service did not have a policy to provide guidance for staff on meeting this standard. The manager stated that they would be preparing certain policies and notices in big print for people. He added that they would also translate them into languages other than English. He stated that staff communicated well with people.

The deficiencies we have identified indicated that the home was not providing person-centred care which met the needs of people in respect of end of life care and ensuring that people received appropriate social and therapeutic activities. This was a breach of Regulation 9 (1) (3) (Person Centred Care) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to make a complaint. However, two of them stated that they were satisfied and had not made any formal complaints.
- The manager informed us that the service had not received any formal complaints since the last inspection.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- The manager told us that he had regularly liaised with people's representatives and relatives. This was confirmed by them. However, no formal satisfaction surveys had been carried out and there was no action plan for making improvements to the service. There was also no evidence of formal consultation meetings with either people or staff. These are needed to evidence that people had been listened to and their feedback used to drive improvements to the service.

Continuous learning and improving care

- The manager told us that he carried out checks and audits on medicines, health and safety and care documentation. Evidence of this was provided. However, there was only documented evidence of these until May 2019. There was no documented evidence of check or audits after May 2019. The manager agreed that these would be documented in the future.
- Due to the lack of checks and audits we noted numerous deficiencies. These included inadequate fire safety arrangements, absence of a window restrictor, lack of protocol for PRN medicines, no end of life care plans, the premises being cluttered, a large television was left at the top of the stairs and no details of the contents of induction and supervision provided.

The provider and registered manager had failed to have effective quality assurance checks and audits in place which placed people at risk of harm and not receiving a good quality service. This was a breach of Regulation 17, section (2) (a) (b) (d) (e) (f) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- People were not receiving high-quality care. There were insufficient staff on duty to ensure people's needs were fully met. We saw no organised social or therapeutic activities provided. People's end of life care arrangements were not recorded.
- The managers were receptive to our suggestions and stated that they were committed to improving the service. They were aware of their duty of candour responsibilities.



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

- The service had a registered manager and a manager in post who were responsible for the day to day running of the service. There was also a deputy manager and a team of care workers.
- We noted that records of supervision merely consisted of ticking boxes and there were no details of what was discussed. This is needed to evidence that staff are aware of their roles and responsibilities. The manager agreed to provide more details in the future.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure that people received person-centred care which met their care needs and reflected their preferences.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure that people were safely cared for.

**The enforcement action we took:**

await response

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided. This may affect the safety and quality of care provided for people.

**The enforcement action we took:**

await action

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not have adequate numbers of staff deployed to meet the needs of people.

**The enforcement action we took:**

await action