

Farrington Care Homes Limited

The Mayfield

Inspection report

6 Alicia Avenue
Kenton, Middlesex HA3 8AL
Tel: 020 89077908
Website: www.farringtoncare.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Our inspection of The Mayfield took place on 31 July and 11 August 2015 and was unannounced.

The Mayfield is a care home situated in Kenton and is registered to provide accommodation and personal care to up to 24 older people. At the time of our inspection there were 23 people living at the home, the majority of whom were living with dementia.

There was a registered manager in post. 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.

During our inspection, feedback from people, our observations and most records we looked at demonstrated there were many positive aspects to the service including kind and supportive staff and experienced leadership. However, it was evident that the registered manager, who had been providing management cover to another service, had a significant number of management duties to carry out. There had not been a deputy manager in post to assist with some of

Summary of findings

the day-to-day duties such as record keeping and auditing. A head of care for the service, whose role was to act as deputy manager, had been appointed a few weeks prior to our inspection and we noted that support had been provided to the registered manager from senior management. However there were some failings in areas that had not been identified or addressed so we have asked that action be taken to address these issues.

People's safety was compromised because there was limited evidence that actions were in place to ensure that they were safeguarded from risk or abuse. The staff training records that we saw indicated that a number of staff members had not received safeguarding training, and staff members that we spoke with were not always able to describe an understanding of safeguarding. Risk assessments did not always reflect risks that had been identified in other areas of people's care documentation.

We saw that medicines at the home were well managed. People's medicines were stored, managed and given to them appropriately. Records of medicines were well maintained.

Staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the physical and other needs of people living at the home. People who remained in their rooms for part of the day were regularly checked on.

Staff who worked at the home were generally knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported. However, we saw that the training records for staff were limited and, for a significant number of staff, there was no evidence that they had completed core and essential training for their roles. We noted that, although arrangements had been made to provide training sessions to address some of the staff training gaps, there was some outstanding training that had not yet been delivered or planned.

The home was generally meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of capacity had been undertaken and applications for Deprivation of

Liberty Safeguards (DoLS) had been made to the relevant local authority. However two staff members that we spoke with were unable to describe an understanding of supporting people who lacked capacity to consent, and we noted that the majority of staff members had not yet received training in relation to the MCA and DoLS.

People's nutritional needs were well met by the home. Meals were nutritionally balanced and met individual health and cultural requirements as outlined in people's care assessments. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

We were able to see some positive examples of caring practice at the home and feedback from people and family members about the care that they received was good. However the care plans that we looked at lacked detail and did not reflect the care that people required. Information about care in relation to needs that had been identified in people's assessments was not always included in the plans and there was little guidance for staff about how they should support people when providing care. This meant that we could not be sure that staff members were always supporting people in an appropriate way.

The home provided a range of individual and group activities for people to participate in throughout the week. We saw that staff members engaged people supportively in participation in activities. People's cultural and religious needs were supported by the home.

The people that we spoke with knew how to complain if they had a problem and we saw that the home had addressed complaints in an appropriate way. A copy of the complaints procedure was displayed at the home.

Care documentation showed that people's health needs were regularly reviewed. The home liaised with health professionals to ensure that people received the support that they needed.

There were systems in place at the home to review and monitor the quality of the service. However some actions that had been identified during quality monitoring in April and May 2015 had not been addressed by the time of our inspection.

Summary of findings

Policies and procedures were up to date and staff members were required to sign that they had read and understood any new or amended ones.

People who used the service, their relatives and staff members spoke positively about the management of the home.

We found five breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Staff we spoke with did not always understand the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns. The training records indicated that a number of staff had not received safeguarding training.

Risk assessments did not always include information about risks that were identified elsewhere in people's care files, and there was limited guidance for staff on how to manage risks.

People's medicines were well managed and recorded.

Requires Improvement



Is the service effective?

The service was not always effective. Although staff members received regular supervision, the training records indicated that a significant number of staff members had not received essential training.

The home had made applications for Deprivation of Liberty Safeguards authorisations to ensure that people were not unduly restricted in their best interests.

People told us that they enjoyed the food provided at the home and we saw that people were offered choices that met their dietary requirements and preferences.

Requires Improvement



Is the service caring?

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff. We observed that staff members respected people's privacy and dignity.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were caring and respectful.

People's religious and cultural needs were respected and supported.

Good



Is the service responsive?

The service was not always responsive. Care plans did not always include accurate or detailed information in relation to people's care needs and there was limited guidance for staff in relation to meeting these needs.

People told us that their needs were addressed by staff.

People were supported to participate in a wide range of individual and group activities at the home.

The home had a complaints procedure and people knew how to make a complaint.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well-led. There were systems in place to monitor the quality of the service but important actions identified had not been addressed.

The registered manager was approachable and available to people who used the service, staff members and visitors. A head of care had recently been appointed to support the management of the service.

Staff members told us that they felt well supported by their manager.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people who used the service.

Requires Improvement



The Mayfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was unannounced and took place on 31 July and 11 August 2015. The inspection team consisted of two inspectors.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the

service does well, and what improvements they plan to make. We reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries. We also spoke with representatives of a local authority that places people at the home.

During our visit we spoke with five people who lived at The Mayfield. We also spoke with the registered manager, an area manager, the head of care, three care staff and the cook. We spent time observing care and support being delivered in the main communal areas, including interactions between care staff and people who used the service. We looked at records, which included five people's care records, four staff recruitment records, policies and procedures, training records, medicines records, and documents relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe. One person said, “I feel very safe. They treat me very well.” Another told us, “I can’t fault the way that I’m looked after.”

Risk assessments for people who used the service were limited and did not always refer to risks that were identified in people’s assessments of need. For example, one person’s care documentation referred to concerns about confusion, poor insight in relation to risk and danger, and health concerns, but their risk assessment did not mention or reflect this. Another person’s care documentation detailed concerns in relation to their behaviour, but there was no reference to these in their risk assessment. In addition, the risk assessments maintained by the home did not always provide clear risk management guidance for staff, and where they did this was not always person centred. For example, risk assessments for two people regarding ‘slips, trips and falls’ included general health and safety information in relation to maintaining a safe environment, but did not include information about specific risk to these people, or how they would be supported. A staff member that we spoke with told us about the need to ensure that one person who liked to walk around the home was monitored as they were, “wobbly on their feet and could easily fall.” However their risk assessment made no mention of this. During our inspection we observed that this person was generally closely supported by staff members when they left their room, but we also saw that there were times when they walked around unaccompanied before they were noticed by a staff member. This meant that they were potentially at risk of falling.

Our concerns about the quality of risk assessments demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns about the quality of risk assessments with the registered manager and area manager. They told us that they would review these to ensure that they addressed the identified needs of people who used the service.

There was an up to date policy on safeguarding that included contact details for the local authority. However two staff members that we spoke with were unable to demonstrate that they understood what safeguarding

meant and could not describe different types of abuse or provide examples of indicators that abuse might be taking place. The home also had a whistleblowing policy, but two staff members that we spoke with were not aware of this. The staff members that we spoke with told us that they had received safeguarding training and would report any concerns to a manager or senior member of staff on duty.

The records that we saw in relation to safeguarding alerts and concerns were limited and did not provide details of safeguarding allegations that had been raised with CQC by a local authority during the past year, for which we had not received notifications from the service. We spoke with the registered manager and head of care about this. They told us that they had not provided notifications as the local authority had found that the allegations were not substantiated. However, they told us that they would ensure that they would ensure that notifications in relation to any raised safeguarding would be provided to CQC in future. However we were unable to monitor this at the time of the inspection.

We looked at the training records for staff and saw that they did not show evidence that all staff members had received training in safeguarding. The home’s training matrix indicated that safeguarding training was due for 14 members of staff. This had been highlighted by a quality assurance review in April 2015, and although there was evidence that four staff members had attended safeguarding training during July 2015, there had been no further training.

This demonstrated a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Medicines were stored, managed and recorded appropriately, and administered to people safely. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff. Senior care workers administered medicines and we saw evidence that they had received appropriate training. We observed a staff member administering medicines. She waited for each person to swallow their medicines before recording that they had been taken. Appropriate checks were carried out of medicines, including when they were received from the pharmacist.

Staffing rotas showed that there were sufficient numbers of staff available to support people throughout the day and

Is the service safe?

night. In addition the home had two cooks and domestic workers. The staff members that we spoke with told us that they considered that there were enough staff members on shift at any time to meet people's needs.

We saw staff that staff members responded promptly to ensure that people were provided with the assistance they needed. There were enough staff to support people to take part in activities and to be accompanied by staff when needing support to take walks within the home. During our inspection we saw that there were enough staff members on shift to meet the needs of people using the service. One person who used the service told us that the staff, "always come to me when I call for them." Another person said, "they are always checking to make sure that I am OK."

The four staff records that we looked at showed that appropriate recruitment and selection processes had been carried out to ensure that staff were suitable for their role in supporting people who used the service. These included checks of references relating to previous employment and of criminal records.

Staff were seen wearing disposable aprons and gloves when supporting people with their care. Alcoholic hand rub was located in several areas of the home to minimise the risk of spread of infection. Guidance for good hand washing was displayed in bathrooms. Soap and paper towels were accessible in bathrooms. Staff members that we spoke with were aware of the importance of ensuring that they took action to prevent the risk and spread of infection within the home.

Checks of equipment were carried out. Moving and handling equipment, such as hoists and the home's lift were inspected and serviced regularly in accordance with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998. Staff members that we spoke with demonstrated that they understood the importance of ensuring that equipment was safe before they used it. We were told, "I always check first and if there is a problem, I don't use and report it." This demonstrated that people were not put at risk by use of faulty equipment.

Temperatures of fridges and freezers, hot food, and the storage of medicines were monitored closely. A food hygiene safety check had been recently (March 2015) carried out by the food standards agency who had rated the service as two star meaning that improvements were necessary. We spoke with the registered manager about this and they were able to demonstrate improvements that had been carried out.

Fire action guidance was displayed and fire equipment had recently been serviced. Fire drills were carried out regularly and emergency evacuation procedures were in place for individuals. Accident and incident records were well maintained and showed that appropriate actions to address concerns had been put in place. The provider maintained an out of hours emergency contact service and staff we spoke with were aware of this. The home's records demonstrated that actions had been undertaken to reduce health and safety risks to people.

Is the service effective?

Our findings

People that we spoke with were positive about the support that they received from staff members. One person told us, “I get better support here than a five star hotel,” and another said, “they are so helpful.”

Staff members that we spoke with told us that when they started work they had received an induction, and had completed training that was relevant to the care and support that they were providing to people who used the service. However, staff records did not show all induction had been completed.

Training records maintained by the home were limited, and the training matrix indicated that a number of staff members had not received up to date core or refresher training. For example, in addition to safeguarding and MCA training, there was no record of training in first aid, infection control, food safety and fire safety for a number of staff. A quality assurance audit that was undertaken during April 2015 had identified the need to ensure that the home’s training was updated and made particular reference to the numbers of staff requiring safeguarding training. The training matrix had not been updated since April.

This demonstrated a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns about training with the registered manager and area manager. The area manager showed us an attendance list for safeguarding training that had been signed by two staff members. We were shown a copy of an email requesting that staff members attend training on safeguarding, safe handling of medicines, MCA and DoLS, moving and handling, fire safety and food safety on dates between 19 August and 1 September 2015. This showed that the provider was taking action to address the shortcomings in training. However, the training schedule contained within this email did not provide dates for training in first aid or infection control where we identified that there was a lack of evidence that staff had undertaken these courses.

The provider had recently introduced a process for staff induction that met the requirements of the Care Certificate for new staff working in health and social care services. The registered manager showed us one completed workbook,

and told us that the service planned to run sessions for all staff on completing the Care Certificate workbooks by way of a refresher and knowledge check, but no dates had yet been planned for this to take place.

The home had made efforts to comply with the requirements of The Mental Capacity Act 2005(MCA). Care documentation included some information about people’s capacity to make decisions. We saw evidence that applications had been made to the relevant local authority team in relation to the Deprivation of Liberty Safeguard (DoLS) regarding restrictions in place for people who were under continuous supervision and unable to leave the home unaccompanied due to risks associated with lack of capacity to make decisions.

Two staff members that we spoke with were unable to demonstrate an understanding of the basic principles of the MCA. However they were aware that people’s agreement must be sought before delivering care. We saw from the training records maintained at the home that the majority of staff members had not received training in relation to the MCA. The area manager provided us with an email that showed that training on MCA and DoLS would be available to some staff members in the near future.

The records that we viewed showed limited evidence of people’s consent to the care that they received. Care plans or risk assessments had not been signed by the person receiving care or a representative. Where people were unable to give consent this was not recorded. We discussed this with the registered manager and they assured us that they would ensure that people or their representatives would be involved in reviews of care records and evidence of this would be recorded.

Staff members that we spoke with told us that they received the support that they needed to undertake their duties effectively. One staff member said, “I feel well supported,” and another told us, “supervision is good. It helps me improve in my job.” The records that we viewed showed that staff supervision had taken place on a regular basis. We also saw evidence that staff meetings took place on a regular basis and that these were well attended. We noted that the minutes of the most recent staff meeting that took place in June 2015 included discussions about safeguarding, the Care Certificate, the care needs of people who used the service and how this care was delivered.

Is the service effective?

People's health care needs were met and monitored. Records showed that people regularly received health checks. They had access to a range of health professionals including; GPs, dieticians, opticians, chiropodists, psychiatrists, and dentists. They also attended hospital appointments.

The home's physical environment was suitable for the needs of the people who lived there. People told us they were happy with their bedrooms and the layout of the home. We saw that people had been able to personalise their bedrooms with pictures, ornaments and personal radios and televisions. The garden was accessible for people with mobility issues. When we arrived at the service we noted that there was a hosepipe on the ground that could have created a risk, but we saw that this had been removed during the morning.

People's individual dietary and nutritional needs were met. The day's menu was displayed in picture and written format. Each day's menu provided two or three choices of food that included an option for the people who lived at the home from a specific cultural background. We spoke with one of the cooks who demonstrated that they were

knowledgeable about people's dietary requirements. They showed us how meals were adapted to meet people's needs and preferences, for example meals were provided in spicy and mild versions, and low sugar alternatives were made for people with diabetes. We saw that a record of people's alternative choices should they prefer food that was not on the menu was maintained. No one at the home required soft or pureed foods at the time of our visit, although nutritional supplements had been prescribed for one person, and we saw that these were appropriately stored, administered and recorded. People were offered hot and cold drinks and snacks throughout the day. People's nutritional needs and preferences were identified within their care plans. The provider undertook regular satisfaction surveys regarding food and the registered manager and the cook told us that these were used to develop menus. We were able to observe people during the lunch period and saw that the food provided was eaten well and in a sociable environment. One person that we spoke with said, "the food is great here," and another person who was unable to communicate verbally smiled and gave us the 'thumbs up.'

Is the service caring?

Our findings

People spoke of being satisfied with the service. Comments from people included; “I give the staff ten out of ten,” and, “I like the staff, they always have a chat with me.” We observed that people appeared comfortable with their care staff and interacted with them in a positive manner, often sharing jokes and ‘banter.’

Staff interacted with people in a respectful manner. We heard them ask people how they were, and saw that they would stop and chat to people about their interests. People were supported to maintain the relationships that they wanted to have with friends, family and others important to them and care plans included information about the relationships that were important to people. During our inspection we saw that people received visits from friends and family members. We heard staff speaking with visitors in a friendly manner. They provided family members with an update about their relative’s condition. One visitor said, “I am happy that [my relative] is here.”

We saw that, where people required personal support, this was provided in a timely and dignified manner. Some people chose to spend time in their rooms or were required to stay in bed due to health conditions. We saw that staff members checked on their welfare regularly and asked them about any needs or wishes in relation to care and support.

Staff members spoke positively about the people whom they supported. One care worker told us, “I didn’t work with older people before and I like it a lot,” and a senior care worker said, “I enjoy working here because I feel that I am really making a difference.”

People told us their privacy and dignity was respected. We saw that staff members offered people choices and ensured that they had the right support to undertake activities if they required it.

We saw that people’s care assessments included information about people’s health, cultural and spiritual needs. A priest visited the home regularly to provide worship and communion for a number of people for whom this was important. One person occasionally wished to attend a local temple and a care worker told us that they or another staff member would accompany them if required. Care assessments showed that people had been asked if they had a preference about the gender of the care staff that assisted them with their personal care needs. This demonstrated that the home respected and supported the individual wishes of people who lived at the home

People’s care files contained documented information about people’s end of life preferences and needs. This included information about whether people wished to remain at the home rather than being admitted to hospital, along with very personal requests, for example “I want music.” The forms that the home used for recording these wishes also included information about preferences in relation to preferred place of worship, whether or not they wished to be buried or cremated when a funeral took place and the family members or significant others that they would like to be involved. We saw that family members had been involved in supporting people with these decisions where required.

The registered manager told us the home had received support from the local palliative care team to support people requiring care at the end of life, and that, wherever possible, all efforts would be made to enable people to remain at the home in accordance with their identified wishes.

Is the service responsive?

Our findings

One person who used the service told us that the staff, “are really good. They understand my problems and try to help with them.”

The care plans that we saw were up to date but they included little detail about the care that was provided by the service and how this should be delivered by staff members. Information contained within people’s assessments was not always included in their care plans. For example, in all the care plans that we viewed people’s health needs were described as a list of diagnoses, with no information or guidance about how specific health needs should be supported.

We also saw that information contained within people’s care plans was not always consistent with the information that was recorded in their assessments. For example a person’s assessment stated that they were not able to hold a conversation but their care plan stated that that they were ‘able to grasp short conversations’. Another person’s assessment stated that they had ‘very limited social activities due to...behaviour’. However their care plan specified that ‘staff should encourage [the person] to participate in activities’ with no reference to the information included in the assessment, or any guidance as to how this participation should be encouraged or supported. The person’s assessment contained information about activities that they preferred, but during our inspection we did not see staff encouraging this person to participate in activities that met their preferences. Another person’s assessment was clear about their mental health issues and the fact that they sometimes required PRN (as required) medicine to reduce their anxieties. However their care plan made no mention of this, or provided any guidance for staff about identifying anxiety arousal levels, supporting the person to reduce these, and when they should administer medicines. This meant that we could not be sure that care staff were appropriately supporting the person to ensure that their needs were met. Although the staff members that we spoke with appeared to be knowledgeable about people’s needs, one told us

that they had not read the care plans. These concerns meant that people’s care plans were not designed to ensure that they met all their needs, and we could not be sure that staff members were fully aware of how to provide appropriate support to people.

This demonstrated a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke with the registered manager and area manager about our concerns regarding the detail and accuracy of people’s care plans. They assured us that they would work with team members to ensure that these were reviewed in order to reflect the care that people required.

People were supported by staff to take part in activities, including drawing, reading the newspaper, doing jigsaw puzzles and playing games. During our inspection we also saw that staff members ensured that people were supported to participate in group activities. Staff members asked if people wished to play a bingo game and supported them to do so. During our visit an entertainer came to the home to play music and sing. We saw that the majority of people participated in this activity, singing along and dancing. We saw that some activities were planned, such as the entertainer who visited regularly, and others were based on people’s individual preferences. One person showed us the crochet that they were doing and another shared their jigsaw puzzle. We asked the registered manager about activities outside the home. They told us that, apart from health appointments, most people did not go out unless they were visiting a family member, but that they would look into offering community based activities to people in the future.

The service had a complaints procedure and we were told that people and family members were provided with this. A copy of the complaints procedure was displayed on a notice board within the home. One person that we spoke with told us, “I have no complaints, but if I do I know they will listen to me. We looked at the home’s complaint’s register and saw that complaints had been dealt with appropriately.

Is the service well-led?

Our findings

The registered manager for the home was supported by a head of care who had been recently appointed. There was a senior care worker on duty at all times who was responsible for leading staff shifts and providing first line support to care workers.

The home had some systems in place to monitor the quality of the service and we saw recorded evidence of these. Monthly audits were undertaken in respect of medicines and staff files were audited every six months. An infection control audit had taken place in May 2015, and we saw that actions arising from this had been addressed. An annual environmental and health and safety audit had also taken place in May, and this was monitored through monthly checks. Although we saw that most actions arising from this had been completed, there was no evidence that emergency first aid training for staff which had been identified as a priority action had either taken place or was planned. This action had not been addressed through the monthly checks of health and safety. The record of a quality monitoring visit undertaken by an independent consultant in April 2015 made a requirement that all staff members received annual safeguarding training as a matter of priority, and we saw that dates had now been planned for this, although this had not been actioned for three months. Another requirement from this report identifying the need for the home's training matrix to be updated had not been completed at the time of our inspection. The home had not undertaken audits of people's care plans or risk assessments. When we spoke to the registered manager and area manager about our concerns about these, they were unable to demonstrate that there was a quality monitoring process in place to ensure that people's care was planned and met a safe and appropriate way. This meant that quality assurance processes were not always in place or used to improve the service.

This demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns about quality actions that had not been addressed with the registered manager and area manager who informed us that they would ensure that these were followed up.

Satisfaction surveys were undertaken regularly. A survey of the views of people living at the home and their relatives took place in April 2015. This showed high levels of satisfaction. Comments from relatives included, "The service has been good for our relative, and, "We can speak to the manager and staff very freely." We saw that feedback from the survey had been collated and reviewed.

We reviewed the policies and procedures in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. We saw that the manager, head of care and area manager communicated positively with people who used the service, their visitors and the members of staff who were on shift.

Staff members had job descriptions which identified their role and who they were responsible to.

Staff members spoke positively about the management of the service. A care worker told us, "the manager is good." A senior care worker said, "I feel well supported in my job."

The record of maintenance maintained by the home showed that concerns and faults had been attended to in a prompt manner.

Daily 'handover' meetings took place at the beginning and end of each staff shift where the outgoing senior care worker discussed key information about people who used the service to the senior who would be leading the next shift. Information was then passed on to the other staff members working on that shift.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider was unable to demonstrate that people's care plans were designed to address their individual preferences and ensure that their needs were appropriately met.

Regulation 9(3)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider was unable to demonstrate that risk assessments had been completed in relation to the identified needs of people who used the service.

Regulation 12 (1)(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider was unable to demonstrate that they had systems and processes in place to effectively prevent abuse of people who used services.

Regulation 13(2)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The provider was unable to demonstrate that systems were used to improve the quality of the service and monitor and reduce risk to people.

Regulation 17(1)(2)(a)(b)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider was unable to demonstrate that staff received the appropriate training to enable them to carry out the duties they were employed to perform.

Regulation 18(1)(2)(a)