

Keats House Healthcare Limited

Keats House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 31 December 2018 and was unannounced. We last inspected the service on 6 July 2016 where we rated the service good in all key questions and overall.

At this inspection we have rated the service requires improvement in the key questions of 'is the service safe?', 'is the service effective?', 'is the service responsive?' and 'is the service well-led?' The overall rating for the service is requires improvement.

Keats House is a 'care home' without nursing. People in care homes receive accommodation and personal care as a 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 is registered to provide care for up to seven people with mental health needs. There were seven people using the service at the time of our inspection.

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 and associated Regulations about how the service is run.

During the inspection we found there were risk assessments in place but these did not identify all risks, and where risks were identified the risk management plans did not always include guidelines about how to mitigate these.

There were no person-centred care plans in place, so people's individual needs and wishes about how they wanted their care delivered were not recorded, so staff were clear about how to meet people's needs.

Until September 2018, people's records were reviewed and updated monthly. However, there had been no reviews in the last three months. Most records were not signed by people who used the service although the registered manager told us people were able to.

People's health and nutritional needs had been assessed before they moved into the home. People had access to healthcare professionals to support them. However, staff had failed to take action and refer two people who used the service when they had lost a significant amount of weight and were at an increased risk of malnutrition.

There was no evidence that people were engaged in activities, consulted about what activities they wanted to do. There were no individual activity plans in place and some people reported they were lonely and had nothing to do.

The provider told us they had systems in place to monitor the quality of the service and put action plans in

place where concerns were identified. However, these were not recorded and had failed to identify the issues we found at this inspection so the necessary improvements could be made.

Recruitment checks were carried out before staff started working for the service and included checks to ensure staff had the relevant previous experience and qualifications.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

We also found that the environment was not always tailored to the individual needs of people and areas of the home needed updating and decorating. We have made a recommendation about this.

People were protected by the provider's arrangements in relation to the prevention and control of infection. Communal areas were clean. However, some bedrooms were not always clean thoroughly.

The provider had a policy about end of life care. However, staff had not received training in this subject and none of the people who used the service had an end of life needs assessment or care plans. The provider acknowledged that this area needed to be developed further to ensure they could meet people's needs when they reached the end of their lives.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). People had their capacity assessed before they moved into the home. All people had the mental capacity to make decisions and no one was being deprived of their liberty.

Staff followed the procedures to manage medicines and people received their medicines safely and as prescribed.

The provider had processes for the recording and investigation of incidents and accidents. The manager told us there had not been any incidents or accidents in the last year.

People were supported by staff who were sufficiently trained, supervised and appraised. The registered manager liaised with other services to share ideas and good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were risk assessments in place but these did not identify all risks, and did not always include guidelines about how to mitigate these.

People were protected by the provider's arrangements in relation to the prevention and control of infection. However, some areas of the home were in a state of disrepair and not always clean.

Staff followed the procedure for the management of medicines and people received their medicines safely and as prescribed.

Recruitment checks were undertaken before staff started working at the service.

Is the service effective?

Requires Improvement 

The service was not always effective.

People's healthcare needs were not always met in a timely manner.

People's individual needs had been assessed before they moved into the home but these were not recorded in care plans. Documents were not always reviewed and updated and people did not always sign these.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). People had their capacity assessed before they moved into the home and people had the mental capacity to make decisions.

People were supported by staff who were well trained, supervised and appraised.

Is the service caring?

Good 

The service was caring.

Staff interacted with people in a person-centred way and treated them with respect.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful.

Is the service responsive?

The service was not always responsive.

There were no person-centred care plans in place so people's individual needs were not recorded. Staff told us they knew how to meet people's needs.

Staff did not receive training in end of life care and none of the people using the service had advanced care plans. However, the provider acknowledged that this area needed to be developed further to ensure they could meet people's needs when they reached the end of their lives.

There were few activities available and people told us they had nothing to do. There were no individual activity plans and we did not see that the service provided a stimulating environment for people who used the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The registered manager told us they undertook regular audits to assess and monitor the quality of the service. However, these were not recorded and had not been effective because they had failed to identify the areas for improvement we found.

Staff told us they felt supported by the registered manager and they were approachable.

The provider encouraged good communication with staff and people who used the service, and there were regular meetings.

Requires Improvement ●

Keats House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 31 December 2018 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at medicines administration records, four people's care plans, two staff records and records relating to the management of the service, such as internal audits, incidents and accidents and complaints. We spoke with three people who used the service, one relative, three care staff, the registered manager and a social care professional.

Before our visit, we emailed three social care professionals who were involved in the care of people using the service to obtain their views about the service but did not receive a reply.

Is the service safe?

Our findings

Most of the risks to people's safety and wellbeing had been assessed. Person specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. However, these did not always include clear guidelines for staff to follow to mitigate these risks. For example, where a person was living with diabetes, there was no information about the condition, and how to support the person to manage symptoms. Risk assessments were reviewed monthly and records updated until September 2018. There were no records of any reviews between September and December. We discussed this with the registered manager who acknowledged that they needed to make improvements in this area.

One person who was living with a serious condition and at risk of malnutrition was being weighed monthly, however, there was no risk management plan in place. We saw that between April 2018 and September 2018, they had lost 12.5kg. There were no records of any weighing in August, October, November and December. We saw that no action had been taken with regards to the weight loss. When we asked the registered manager the current weight of the person, they weighed the person immediately. They reported a further weight loss of 5.5kg. We asked the registered manager why they had not taken any action about this. They were unable to offer an explanation and admitted that this was a serious shortfall. We suggested to them that they should take action to manage this risk and they contacted the GP during our inspection. They informed us after the inspection that the person had been admitted to hospital for investigation.

Another person who used the service was also assessed at risk of weight loss, but also did not have a risk management plan in place. We saw that they had been weighed monthly, but there were no records of weight since September 2018. The registered manager showed us evidence that they had been weighed in November as it had been recorded in the diary. This record indicated they had lost 3kg since the September entry. The registered manager told us they encouraged them to eat more regular meals as well as snacks to encourage weight gain. However, there was no evidence of any actions taken with regard to the weight loss, such as a referral to the GP or relevant healthcare professional, or any guidelines to staff on how to support the person and keep them healthy.

We were concerned that risk of malnutrition for both people had not been noted and appropriately mitigated and suggested to the registered manager that they should consider raising safeguarding alerts without delay. We also raised our concerns with the local authority's safeguarding team after our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people with administering their prescribed medicines. Medicines were kept in the duty office in a locked cabinet. There was a thermometer in the medicines cupboard but no records of temperatures were kept. The manager told us they did not routinely record these. The current temperature was 24 degrees centigrade. We discussed with the registered manager the risk that during the summer months, the temperature could rise to a level that could affect the effectiveness of some of the medicines, where these

need to be stored under 25 degrees centigrade. The manager told us they would address this without delay.

We saw the medicines administration record (MAR) charts for all the people who used the service which had been completed over four weeks. These had been completed appropriately and showed no gaps in staff signatures indicating that staff had administered all the medicines as prescribed. There were protocols for the administration of 'as required' medicines (PRN) and staff clearly recorded when these were administered. All boxed medicines had a date of opening which made auditing stock easier. We checked a sample of those against written records and found the quantity of medicines in them to be accurate. Training records showed that staff had received training in medicines administration and received yearly refresher training. Staff carried out daily checks of all the boxed medicines and we saw evidence of these. This helped to protect people from the risk of not receiving their medicines as prescribed.

People were protected from the risk of infection and cross contamination. We saw that the kitchen, toilets, bathrooms and people's individual showers were kept clean and hazard free. However, the home was in need of updating and repairs. The sink in the toilet downstairs had a broken tap lever which we reported to staff. We also noticed that some areas of the home were dusty in places. Some bedrooms had a musty smell and cobwebs in high areas. We raised this with the registered manager who told us they would address this.

People we spoke with indicated they felt safe living at the service. One person told us, "Yes I feel safe" and another said, "It's been alright so far." People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and the training records confirmed this. The service had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. A care worker told us, "I would inform safeguarding and the manager if serious."

The registered manager told us they knew how to raise alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. However, they said that they had not had any incidents or any allegations of abuse to report in the last year. We asked the registered manager how they ensured that lessons were learned when things went wrong. They were unable to provide us with a specific example, but told us they discussed all issues with staff at handover meetings, and ensured they 'nipped things in the bud' to prevent things escalating.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involved healthcare professionals when needed. The registered manager told us there had not been any incidents and accidents in the last year. However, a relative told us that their family member had a fall in their bedroom, and was not found until the morning. We asked the registered manager about this. They told us they had misunderstood our question about accidents and incidents and provided evidence that the incident had been recorded and appropriate action had been taken. The relative confirmed they were happy with the actions taken.

The provider had a health and safety policy and procedure in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including legionella, gas and electrical tests, electrical appliances and fire safety checks. A general risk assessment identified the hazards, who might be harmed and how, what was already in place in term of control measures, and what further action was necessary. This included food handling, health and safety, infection control and medicines. There were window restrictors on all the upstairs windows and weekly safety checks were undertaken to ensure these were in good working order.

There was an up to date fire risk assessment in place and this was regularly reviewed. The provider

undertook regular fire drills for staff and people who used the service. We saw records of these and saw they included comments and action plans. There were fire instructions and evacuation plans displayed around the service, including in the kitchen and staff were aware of the fire procedure. People had individual fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) in place. Most of the checks were regular and up to date. However, we saw that nothing had been recorded for the weekly fire point testing since 21 November 2018. The registered manager acknowledged that some of the checks were late and they would take appropriate action.

People we spoke with were happy with the staffing levels. One person said, "Yes there are enough staff" and another told us, "Whoever is on can deal with everything." On the day of our inspection, there were enough staff on duty to care for and support people. We looked at the staffing rota for the month of December which showed that all shifts had been covered to ensure that care and support was maintained. The registered manager told us that they did not require the use of agency staff and relied on each other to cover staff absence. Records we viewed supported this.

Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed. However, one staff file only included one reference. We raised this with the registered manager, who immediately contacted the staff member and obtained a second reference.

Is the service effective?

Our findings

We saw evidence that people's healthcare needs were recorded and that they were supported to attend healthcare appointments. However, where two people who used the service had lost weight, staff had failed to identify this as a risk to the health and welfare of the person and as a result had not taken appropriate action and had not consulted the GP about the concerns until we discussed these with the registered manager during our inspection. This showed that staff were not always monitoring people's conditions and supporting them to meet their healthcare needs effectively.

Notwithstanding the above, people told us that the service was responsive to their health needs. One person said, "Yes, if there is anything wrong, they deal with it, and get social services involved if needed." The registered manager told us that staff supported people to attend appointments and we saw this taking place on the day of our inspection. We saw letters from healthcare professionals and saw that the outcome of these, including instructions were communicated during handover meetings.

Some people invited us to visit their bedrooms. Of the four bedrooms we viewed, only one had been personalised. The others were bare and uninviting, and did not reflect the person's personality. There were no pictures or photographs, objects and ornaments and the colour of walls had not been chosen according to people's preferences. We discussed this with the registered manager, who, in the case of one of the people, said they were in the process of requesting some photographs from a relative. When we asked how long the person had lived at the home, they told us, "About four years." This meant that no effort had been made to develop and personalise the environment to meet the needs of people who used the service.

We recommend that the provider seek and implement relevant guidance in relation to improving the environment to meet the needs of people using the service.

People's needs were assessed in line with legislation and good practice guidance. Pre-admission assessments included details about the person, their life history and how they wanted their care and support. We raised this with the registered manager, who was unable to offer an explanation for this. All the people using the service were referred by the local authority who had provided detailed assessments of the person. This informed the provider of the person's needs so they could make a decision to see if they could meet their needs at the service.

People were supported by staff who had appropriate skills and experience. Staff told us they had received a good induction when they started to work for the service. This included training and working alongside other staff members. Only one person had been recruited since our last inspection. We saw they had received an induction which included training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff received regular training in subjects the provider considered mandatory. This included training in safeguarding adults, medicines administration, food hygiene and infection control. Staff were also provider

with training specific to the needs of the people who used the service such as Mental Capacity Act 2005 (MCA), mental health, drug and alcohol awareness, equality and diversity and challenging behaviour. The registered manager told us that staff undertook training offered by a recognised external training provider and we saw certificates to confirm this on the staff files we looked at. This helped to ensure that staff employed by the service were sufficiently trained and qualified to deliver the care and support to the expected standard.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us, and we saw evidence, that they received regular supervision from the registered manager. The registered manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

People told us that the food was good. One person stated that the best thing was, "The fried breakfast" and added, "The food is good enough. We have set times to have drinks and snacks." Another person was not sure if they could have a drink and snack whenever they wanted but said, "The food is good. There is enough." A relative agreed and said, "The food is good. [Family member] likes it and eats a lot."

Menus we viewed showed a daily choice of two meals plus a salad option. Staff were aware of people's individual nutritional needs and took these into account when planning the menus and preparing meals. All meals were cooked by staff on duty. On the day of our inspection, people were having sandwiches for lunch as they had opted to have their main meals in the evening. The staff told us people were supported to participate in cooking and making drinks anytime they liked. However, we did not see any evidence of this on the day of our inspection. People ate their meals together in the dining area although they were supported to have their meals in their room if they wished to.

The Mental Capacity Act (MCA) 2005 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 told us they had been consulted about their care and had agreed to this. However, not all care records were signed by people to evidence this. We raised this with the registered manager who was unable to offer an explanation. All staff employed at the service had received training in the MCA and were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interests if they lacked capacity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. At the time of our inspection, nobody was being deprived of their liberty.

Is the service caring?

Our findings

People were complimentary about the care and support they received. Some of their comments included, "I am happy", "Yes they try and help" and "They do their best." When asked if staff treated people with dignity and respect, one person told us, "Yes 100%" and another said, "Definitely." A relative echoed this and stated, "Definitely yes. They are kind and caring."

There were arrangements for people to attend religious services of their choice. People were given information about churches in the area. However, the registered manager told us that people did not show any interest in this. There were no meetings for people who used the service so we could not be sure they were included in decisions about how the service was run, or had the opportunities to make suggestions. We discussed this with the registered manager, who told us they would address this without delay. They confirmed, following our inspection, that regular meetings were now in place.

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. The registered manager told us they supported people to meet their cultural needs, including one person who sometimes liked to shop for ingredients to cook meals from his country of origin. One relative stated that their family member had started to read the Bible and enjoyed this. We observed on the day of our inspection that people were treated with care and respect. However, one member of staff spent some time cleaning the communal areas and did not interact with any of the people who were in the room.

Staff told us they ensured that people's privacy and dignity were respected. Throughout our inspection, we saw staff knocking on people's doors and only entering when given permission. People told us their friends and relatives could visit anytime they liked. Their comments included, "They are welcome and can come anytime", "Friends are welcome here" and "They feel welcome and chat to other residents." A relative confirmed that they were able to visit whenever they wanted and always felt welcome.

Is the service responsive?

Our findings

At our last inspection on 7 June 2016, we found that the care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet these. At this inspection, there were no person-centred care plans available. The registered manager had put in place 'support plans' which were basic plans relating to some of the risks identified. We asked the registered manager why they had stopped using the care plans they had previously. They told us they thought individual support plans were better. However, these did not include details about each person's needs, abilities, likes, dislikes and preferences, therefore, it was not possible to get a picture of the care and support a person required. The initial assessment for a person who used the service stated, "Care plans to follow include mobility, mental state, personal care, activities." However, these were not available in the person's file. This lack of information about people meant that staff might not know how to meet their needs so there was a risk that people would not receive the care and support they needed.

At our last inspection on 7 June 2016, we made a recommendation in relation to the provision of suitable activities for people with mental health needs. At this inspection, we found that improvements had not been made.

People's opinion about the activities on offer varied. One person told us, "Games, talk to staff. That's about it really, go on outings, Christmas lights in London by taxi" and another said, "I am not lonely, just bored sometimes." A third person added, "I have no friend and feel lonely." A relative stated, "When I come, they don't have activities. No TV, no music, and he likes music." The registered manager told us they supported people to undertake activities of interest to them. They said they took people shopping and out for meals. They added that people went on a trip to Brighton in the summer and went to see the Christmas lights recently. People we spoke with confirmed this. However, there were no activity plans in place, and people's individual likes and dislikes were not recorded. On the day of our inspection, we did not see any activities taking place, apart from a member of staff playing cards with a person using the service, and a game of 'Connect 4' taking place for a short time. Three people who used the service were sitting in the lounge with nothing to do, just looking around. People looked bored and occasionally asked staff for cigarettes and sat in the garden smoking. We did not see any evidence that people who used the service were involved in the community. We raised this with the registered manager who confirmed that none of the people using the service belonged to any clubs or attended day centres.

One person who used the service had an activity care plan in place. This stated for staff 'to encourage the person in home activities, chores and daily living tasks'. The interventions listed included 'staff will supervise and teach [Person] how to do laundry, cleaning his room, making a cup of tea, making his bed etc.' It also said, '[Person] will be encouraged to join a drop-in centre and join in outings. His religious and cultural needs will also be met'. However, the care plan did not include how these needs were to be met.

Furthermore, there was no evidence that staff promoted people's independence and included them in the daily running of the home. Throughout the day of the inspection, we saw staff serving people rather than supporting them to maintain their independence and undertake tasks such as making drinks, or snacks, or

being involved in cleaning and washing-up.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us evidence that they had put a care plan in place for one person and told us they would ensure that every person would have a care plan in the near future.

The registered manager told us staff worked hard to make sure they met people's needs, and people had improved as a result. They stated, "Staff give people good care. We make sure nobody gets abused here. We respect their dignity and their privacy. We have people here who have improved with our care. These guys get reviewed regularly." They added that they liaised closely with the mental health team when they needed advice about people's mental health needs. We saw evidence that people attended regular specialist appointments to ensure they remained well.

There was a complaints procedure and this was available to people who used the service and others. The registered manager told us they had not received any complaints in the last year. However, they told us they would address all complaints in a timely manner in line with their policy and procedures.

The registered manager kept a log of compliments they received. We viewed a sample of these. Comments included, "Home from home. Staff always helpful and caring to my [Family member]. I am always kept up to date" and "Very good service. No complaints with any staff members. Very good."

The provider had an 'end of life policy'. However, people's end of life wishes were not recorded in their care plans and staff had not received training in this subject. We discussed this with the registered manager who acknowledged this shortfall and told us they would address this without delay. Following the inspection, the registered manager told us the whole staff team had received training in end of life care.

Is the service well-led?

Our findings

The registered manager told us they carried out regular audits in the home including health and safety, medicines, care plans and staff records. However, they were unable to show us evidence of these as they said most audits were done visually and not recorded. Our findings indicated that audits were not always effective because they had failed to identify the issues we found during our inspection in relation to risks management, care planning, the provision of activities to meet the individual needs of people, the quality of the environment and meeting the needs of people. Consequently, they were unaware of the shortfalls and did not have plans in place to make the required improvements

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had monthly team meetings although records showed that the last meeting had taken place in September 2018. The items discussed included safeguarding, any issues about the people who used the service and housekeeping. The registered manager told us they had a daily handover meeting with staff on duty where they discussed the plan for the day and any appointments or events planned. The records we viewed confirmed this.

People we spoke with said they had a good relationship with the registered manager. One person told us, "They seem ok" and another said, "[Registered manager] is a good laugh." Staff we spoke with indicated they found the registered manager approachable and felt supported. Their comments included, "Yes the manager is helpful" and "Yes of course [I feel supported]."

The management team consisted of the nominated individual, a registered manager and two team leaders. The registered manager told us that this was a family business and other members of the family were involved in the running of the service including their wife who was the nominated individual. They told us they all worked closely to provide care and support to people who used the service. The registered manager was a qualified Registered Mental Health Nurse and had a diploma in counselling and a degree in Community Nursing, so they were experienced and qualified to meet the needs of the people who used the service.

The provider worked closely with the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff.

The registered manager told us they kept up to date with developments within the social care sector by reading publications, going on the internet and reading the Care Quality Commission newsletters. They attended the provider forums organised by the London Borough of Ealing and workshops. They told us they ensured that all important information was cascaded to the staff team. This helped ensure that staff were included and kept their knowledge up to date. The registered manager also liaised with another registered manager in the area and told us they shared relevant information.

People were supported to feedback about the service through quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We viewed the last sample of questionnaires and they showed an overall satisfaction with the quality of the service.

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 registered person did not do everything reasonably practicable to make sure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1) (a) (b) (c) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.</p> <p>Regulation 17(1) (2) (a) (b) (c)</p>

