

Mrs Shahnaz Abbasi

# Murree Residential Care Home

## Inspection report

17 Marquis Close  
Wembley  
Middlesex  
HA0 4HF

Tel: 02089031571

Date of inspection visit:  
20 November 2018

Date of publication:  
21 December 2018

## 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 inspection took place on 20 November 2018 and was unannounced.

The last inspection took place on 27 June 2017 where we found no breaches of Regulation and rated the service as "Good".

Murree Residential Care Home is a care home that is registered to accommodate up to four people who have learning disabilities and who require support with personal care. At the time of our visit, there were four people living in the home.

The home is owned and managed by Shahnaz Abbasi and therefore there is no requirement for a separate registered manager for this location. For the purposes of the inspection report, we have referred to Mrs Abbasi as the 'manager'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

We carried out this inspection on 20 November 2018 following concerns that were reported to us by the local authority. Concerns were raised in respect of the cleanliness of the home, maintenance, medicine administration, staff training, staffing numbers and the lack of activities available in the home. Prior to the inspection, the manager had attended various meetings with the local authority and other external care professionals in respect of the concerns raised and an action plan was in place to monitor the home and ensure they make improvements.

During our inspection, we found that there were aspects of the care provided that were not safe. The arrangements for ensuring that people living in the home and staff were kept safe in event of a fire were not adequate. There were some fire safety arrangements in place. These included weekly alarm checks, a fire risk assessment and a fire evacuation plan. However, during the inspection we noted that Personal Emergency Evacuation Plans (PEEPs) were not in place. These are required as they provide staff or emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. We also noted that whilst a fire risk assessment was in place, it did not include information about the arrangements for people who smoked. We also noted that only one fire drill had been carried out in the past 12 months. We found some deficiencies in respect of fire arrangements and found a breach of regulation in respect of this.

During the inspection, we looked at the arrangements for medicines in the home. There were systems in place for obtaining and disposing of medicines and the home had a suitable medicines storage facility in place. We looked at a sample of medicine administration records (MARs) and noted that there were no unexplained gaps which demonstrated that medicines were administered as prescribed. We however found that the medicines administration policy was not sufficiently comprehensive and we discussed this with the manager who said that it would be amended.

On the day of the inspection we observed that care staff did not appear rushed and were able to complete their tasks. The manager explained that since concerns had been raised by the local authority, she had ensured that an extra member of staff was on duty during the day. However, we noted that there was one care staff on duty at night and we queried this with the manager and explained that due to people displaying behaviour that challenged the service, one member of staff may not be appropriate to effectively care for people whilst also considering the safety of care staff. The manager said that she would review this.

Risk assessments had been carried out which detailed potential risks to people and how to protect people from harm. People's care needs and potential risks to them were assessed.

The local authority had previously raised concerns about the cleanliness and maintenance of the home. There had also been concerns raised about cockroaches found in the home. During this inspection, we checked communal areas and all people's bedrooms. We found that the home was clean and there were no unpleasant odours. We also found no evidence of cockroaches in the home and saw documented evidence that pest control had recently visited the home.

Staff spoke positively about their experiences working at the home. They said they felt supported by management within the home and said that they worked well as a team. However, we noted that there were significant gaps in staff training. Some people in the home demonstrated complex challenging behaviour and there was a lack of evidence to confirm that staff had received such training so that they could deal appropriately with instances where people displayed behaviour that challenged the service. We were therefore not satisfied that staff were aware of what action they should take in such situation. Such training was essential to effectively support people living at the home. The lack of training meant that staff may not have had the skills and competencies to enable them to support people safely. We found a breach of regulation in respect of this.

The 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. During this inspection we found that where people were potentially being deprived of their liberty, the home had evidence to confirm that they had made the required applications.

People spoke positively about the food in the home. Arrangements for the provision of meals were satisfactory. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. On the day of the inspection we observed people had a home-cooked lunch prepared by care staff. The lunch provided was a chicken curry, rice and salad. We noted that for dinner care staff prepared a homemade vegetable soup.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted with people, showing them patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time.

Each person had a formal activities timetable, however we observed that it did not correctly reflect what activities were available on the day of the inspection. We spoke with the deputy manager about this and he explained that there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. We did not see evidence of activities designed to mentally stimulate people and we made a recommendation in respect of this.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

During the inspection, we spoke with the manager about how the home was meeting people's needs. She explained that the home was experiencing difficulties managing two people's care needs due to their behaviour that challenged the service. She confirmed that the local authority was currently looking to find alternative suitable accommodation for them.

During this inspection, we found that the home had implemented checks in respect of care plans, risk assessments and the maintenance in the home. However, we found that whilst the home had these in place, there was a lack of evidence to confirm that the manager was continuously carrying out these checks. We also found that the home had failed to identify their failings in respect of fire drills, fire arrangements, staff training and lack of activities. We found a breach of regulation in respect of this.

We found three 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.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the home were not safe. The arrangements for ensuring that people living at the home and staff were kept safe in event of a fire were not adequate.

Arrangements were in place in relation to the recording and administration of medicines.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

The home was clean.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the home were not effective. There were gaps in staff training and areas where refresher training was due.

People were provided with choices of food and drink.

People were encouraged to make their own choices and decisions where possible.

**Requires Improvement** ●

### Is the service caring?

The home was caring. People were supported by kind, caring and polite staff.

People's privacy and dignity were respected.

**Good** ●

### Is the service responsive?

Some aspects of the home were not responsive. There was a lack of activities available in the home to ensure people were provided with mentally stimulating activities.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

**Requires Improvement** ●

### Is the service well-led?

Some aspects of the home were not well-led. There was a lack of

**Requires Improvement** ●

effective systems in place to identify deficiencies.

The home had a management structure in place with a team of care staff, deputy manager and the manager. Staff told us that they felt supported by management within the home and felt able to have open and transparent discussions.

# Murree Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 20 November 2018 and was unannounced.

The inspection visit was carried out by two inspectors.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

During the inspection we met and spoke with three people who lived there. Whilst they were able to communicate with us, this was limited. We therefore observed how they were cared for and supported by care staff. We spoke with the manager, deputy manager and four care staff. Following the inspection we spoke with two relatives.

At the visit we looked at the care plans and records for three people, records of staff recruitment for four members of staff, support and training for four members of staff, records of complaints, accidents, incidents and other records the provider used for monitoring and managing the service. We also looked at the environment and how medicines were managed and stored.

# Is the service safe?

## Our findings

One person who lived in the home told us, "I feel safe here. No one attacks me." We asked another person if they felt safe in the home and they nodded when asked this and said, "Yes."

During the inspection we found that there were aspects of the care provided that were not safe.

Fire safety arrangements were in place at the home. These included weekly alarm checks and a fire risk assessment. The emergency lighting had been checked monthly by care staff. There was also a fire evacuation plan in place. This is needed to ensure that care staff were aware of the procedure to follow in the event of a fire. During the inspection we noted that the home did not have Personal Emergency Evacuation Plans (PEEPs) in place for each person living at the care home. These are required as they provide staff or emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. Following the inspection, the manager sent us documented evidence which detailed how each person should be supported to evacuate the home in the event of an emergency. However, we did not see evidence that these were in the appropriate PEEP format. The manager advised that she would ensure this was done and a copy of PEEPs was kept in people's care support plan and in each person's room.

We also noted that the home had not had an external fire inspection since the last inspection and discussed this with the manager. Following the inspection, she provided us with evidence that she had contacted the London Fire Brigade in attempt to arrange an external inspection.

A fire risk assessment was in place; however, it did not include details of the arrangements for people who smoked and those who were taking mental health medicines which could affect people's response time in the event of a fire. We also noted that only one fire drill had been carried out in the past 12 months. We raised this with the manager and explained that more frequent drills were needed. The manager explained that they carried out fire drills more frequently but these had not been documented. She advised that these would be documented in future.

We noted that one person in the home smoked. The home had a no smoking policy in place and people were allowed to smoke in a designated area outside in the garden. The manager stated that fire retardant linen had also been provided in the bedroom of the person who smoked.

During this inspection, we found some deficiencies in respect of fire arrangements and this is a breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a record of essential maintenance carried out. These included safety inspections of the gas installations and the electrical installations.

People received their medicines as prescribed. One person told us, "Staff give me my medicines." We checked some of the medicines in stock and these were accounted for. There were arrangements in place in



relation to obtaining and disposing of medicines appropriately. The home had a suitable medicines storage facility in place. The facility was kept locked and was secure. We also noted that the medication cabinet temperature was recorded daily to ensure that medicines were stored at the appropriate temperature.

We looked at a sample of medicine administration records (MARs) and noted that there were no unexplained gaps and saw evidence that care staff counted and checked medicine stocks. The manager advised that one person was prescribed PRN (when needed) medication. We noted that when this medicine was prescribed, the home documented the circumstances surrounding administration of the medicines in a separate book. We checked a sample of MARs for the prescribed medicines and found that this corresponded with the PRN book. However, we noted that where PRN was prescribed, care support care plans did not include clear guidance for staff about how and when this should be administered. We raised this with the manager and she explained that she had a PRN guidance protocol in place which had been received from the hospital. Following the inspection, the manager provided us with the letter from the hospital clearly detailing the PRN guidance for this person. We highlighted the importance of ensuring this information was always kept in the person's care support plan so that it was easily accessible to care staff.

The service had a procedure for the recording and administration of medicines. However, we found that this was not sufficiently comprehensive as it did not contain guidance for PRN medicines. The manager stated that the policy would be updated to include this.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. People who lived in the home told us there were sufficient staff. When we arrived at the home, the deputy manager and one care staff were on duty. At 10am on the same day another care staff arrived. We looked at the staff duty rota for 19 November 2018 to 25 November 2018. This detailed that the deputy manager and another member of staff were on duty during that day. The rota did not however detail that the other care staff who arrived at 10am was on duty. Instead, the rota detailed that this person was on leave that week. We queried this with the deputy manager, who explained that this was an error on the rota and showed other documented evidence that this member of staff was back from leave on 19 November 2018. The manager amended the rota to reflect that this member of staff was working on the day of the inspection. We noted that the rota indicated that three care staff were on duty during the day.

The rota we looked at indicated that there was one waking staff on duty during the night. We noted that some people in the home had behaviour which challenged the service and therefore one member of staff at night may not be appropriate to effectively care for people whilst also maintaining the safety of care staff. We raised this with the manager and she confirmed that she would review the staffing numbers during the night shift.

The rota we looked at indicated the deputy manager worked long hours. For example, the deputy manager worked six days a week from 7am until 10pm. We queried this with the manager and deputy manager and they explained that the deputy manager had been working longer hours than usual because the manager had been away abroad and therefore he was covering whilst she was away. There was therefore a risk that staff working long hours without sufficient time off were not fit to safely care for people and meet their needs. The manager and deputy manager explained that as the manager had returned, the deputy manager would not be working long hours.

During the inspection, we asked the manager to provide us with the staff rota for the following two weeks. The registered manager sent this to us after the inspection. We looked at the rota from 26 November 2018 until 9 December 2018 and noted that this documented that there were three members of staff on duty

during the day. We discussed this with the manager and deputy manager and they confirmed that in the last month following concerns raised by the local authority they had increased the number of staff on duty during the day from two to three. We also noted that the rota indicated that the deputy manager was no longer working excessively long days.

Records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, personal care, self-harm, physical aggression and behaviour that challenged the service. These included preventative actions that needed to be taken to reduce risks as well as a plan of action for care staff detailing how to support people safely.

The home had some arrangements to protect people from harm and abuse. The majority of care staff we spoke with were aware of the procedure to follow when reporting abuse. However, the safeguarding procedure was not sufficiently comprehensive. The policy provided the contact details for the local safeguarding team and the CQC. However, it did not clearly state that allegations of abuse should be reported to the CQC. We raised this with the manager and she confirmed that the policy would be amended so that it clearly stated this.

We discussed the arrangements in place for managing people's finances in the home with the manager. She explained that the home did not manage people's finances and confirmed that people and their relatives where appropriate were responsible for this.

We looked at four staff recruitment records and these showed that the provider had carried out checks on staff suitability to work with vulnerable people. For example, they had asked the staff to complete an application form with their employment history, they had carried out checks on their criminal records, they had received references and they had checked their identity and eligibility to work in the United Kingdom. However, we noted that one member of staff had two references on their file but noted that they had the same handwriting. We raised this with the manager as we had concerns about the authenticity of the reference. The manager advised that she would obtain another reference for this member of staff. Following the inspection, we were provided with evidence that she had obtained another reference for this member of staff. We however noted that this reference was not stamped by the referee to indicate that it was authentic. The manager explained that she would try and obtain professional references that were stamped to clearly indicate where they were from.

Prior to the inspection, the local authority had raised concerns about the cleanliness and maintenance of the home. There had also been concerns raised about cockroaches found in the home. During this unannounced inspection on 20 November 2018 we checked this in both communal areas and all people's bedrooms. We found that the home was clean and there were no unpleasant odours. We found no concerns regarding the maintenance of the home during the inspection. The manager explained that since the concerns had been raised by the local authority, they had cleaned the home thoroughly and had replaced broken furniture. We also found no evidence of cockroaches in the home. We discussed this with the manager and she confirmed that pest control had visited the home to deal with this on three occasions and were due to return to the home on 15 December 2018 to check that there were no cockroaches. The manager provided us with documented evidence to confirm that pest control had visited the home and carry out work.

We noted that window restrictors were in place on the ground floor, first floor and the loft conversion, with the exception of one person's bedroom on the first floor. We found that this person had a window restrictor on one side of the window but not the other side. We raised this with the manager who confirmed that she

would take immediate action.

We saw evidence that incidents had been recorded. This included details about the incident, who was involved and measures taken to prevent reoccurrence. We however noted that the level of details recorded in these was not consistent and raised this with the manager who said that she would ensure that the level of detail was consistent.

## Is the service effective?

### Our findings

People who used the service spoke positively about the home and raised no concerns with us during the inspection.

During the inspection, we asked the manager for details of what training staff had completed. We noted that the majority of staff had completed medicines management training and training on the Mental Capacity Act 2005 and Deprivation of Liberties safeguards in September 2018 and certificates were in place.

We noted that some staff had received training in some areas such as safeguarding, infection control, health and safety and food safety. However, their training had not been updated recently. On the day of the inspection we noted that there was a lack of certificates in respect of training completed by care staff. It was therefore not clear what training staff had received. Following the inspection, the manager provided us with a training matrix. We observed that there were numerous gaps in respect of training and also areas where refresher training was required. Some people in the home demonstrated complex behaviour that challenged the service and there was a lack of evidence to confirm that staff had received such training so that they could deal appropriately with instances where people displayed behaviour that challenged. We were therefore not satisfied that staff were aware of what action they should take in such situation. Such training was essential to effectively support people living at the home. The lack of training meant that staff may not have had the skills and competencies to enable them to support people safely.

We noted that staff had received an induction when they commenced employment at the home. However, we noted that this was not comprehensive and did not cover mental health and management of people with behaviour which challenged the service.

We did not see sufficient evidence that staff were supported to fulfil their roles and responsibilities through training. This is a breach of Regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection on 27 and 28 November 2018, the manager sent us training certificates for various members of staff. These training certificates were for training which included safeguarding, first aid, fire training. However, it was evident that the training had been completed by staff online on 27 and 28 November 2018. Therefore at the time of the inspection, staff had not received the appropriate training.

We saw documented evidence that care staff received regular supervision and annual appraisals.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We noted that certificates indicated that care staff had received MCA and DoLS training. However, when we spoke with them they had limited knowledge of the MCA. They were however aware of the importance of involving people's families and other health and social care professionals where a person was unable to make a decision.

There was some information about people's overall capacity within the communication section of care support plans. However, capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make. We discussed this with the manager and she confirmed that care plans would be updated to include such information.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, 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. The registered manager confirmed that they had made a DoLS application for two people living in the home and we saw documented evidence of this.

People spoke positively about the food in the home. One person said, "Staff cook my food. I like the chicken curry". Another person said, "The food is good – I like the food." Arrangements for the provision of meals were satisfactory. The registered manager explained that there was flexibility in relation to the weekly meal menu and often people decided when and what they wanted to eat on the day itself. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. The deputy manager explained that he purchased fresh fruit, vegetables, milk and bread daily from the local grocery and carried out a further shop for other items twice a week. On the day of the inspection we observed the lunch provided was a homemade chicken curry, rice and salad. We noted that for dinner care staff prepared a homemade vegetable soup. We saw that people were provided with fruit.

At the time of the inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the fridge and saw they were all within their expiry date. People's weights were recorded monthly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

In January 2018, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service three out of five stars and rated the service as "generally satisfactory". We discussed the rating with the manager and she told us that following the visit from the Food Standards Agency, the home had made the necessary improvements and were waiting to be inspected again.

## Is the service caring?

### Our findings

When asked about the home and how they felt about living there, one person told us, "They take good care of me." One relative told us, "My relative is well looked after. [The deputy manager] knows him well." This relative told us that their relative had a history of absconding but said that since he had been living at the home he had been doing this less and had a good relationship with the deputy manager.

During the inspection, we observed interaction between staff and people living in the home and saw that people appeared relaxed with staff and confident to approach them throughout the day. Staff interacted with people, showing them patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. They spent some of their time in the communal lounge and some time in their bedroom. On the day of the inspection, we observed one person became agitated and distressed and called for the deputy manager. The deputy manager responded immediately and went to speak with the person and provided them with reassurance. The deputy manager was patient and spoke with the person to try and calm them down. The person responded well to the intervention and appeared to be comfortable and at ease in the presence of this member of staff.

The manager and deputy manager were knowledgeable about people's likes, dislikes and preferences. Care support plans included information about people's interests and their background and staff used this information to ensure that equality and diversity was promoted and people's individual needs met. People who observed specific religious practices were supported to do this. One person wished to attend a mosque and he was supported to do this on Fridays. We also observed that another person did not eat pork for religious reasons and the home supported this person in respect of this. One person spoke another language and the home had employed care staff that could speak the person's language so that they felt able to have open discussions and communicate with the staff easily.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. We saw documented evidence that people had monthly meetings with staff to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

Staff had an understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff told us, "I always respect people's privacy and give them time to do things. That is important. I always spend time talking to people." Another care staff said, "I always listen to what people tell me. Respect their needs."

We discussed the steps taken by the home to comply with the Accessible Information Standard with the manager. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered

manager explained that the service met this standard in a number of ways. For example, care support plans and satisfaction surveys included pictorials to assist with communication and involve people.

## Is the service responsive?

### Our findings

Care support plans contained personal profiles, personal preferences and routines and details on people's individual needs. This included information about people's personal care, medication, dietary needs, emotional needs, religious needs, mobility, communication and practical living skills. Each area included details of the person's routine and a strategy to help support them, details of the level or assistance required and the outcomes to achieve. They included details about how each person would like to be supported and care plans were individualised and person-centred. We noted that care plans were written in the first person so that it was clear what the individual person wanted.

Care support plans were reviewed during one to one meetings with each person and their allocated key worker and we saw documented evidence of this. These meetings enabled care staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff. During these sessions, people were given an opportunity to discuss their individual progress as well as other issues important to them such as the running of the home.

Care support plans we looked at included behaviour assessment plans were in place where necessary. These included details of triggers and primary, secondary and reactive strategies. These provided staff with details of how to manage each person's needs and provided instructions for staff. However, we noted that these had not recently been reviewed and raised this with the registered manager. She confirmed that she would ensure these were reviewed.

During the inspection we spoke with the manager about how the home was meeting people's needs. She explained that the home was experiencing difficulties managing two people's care needs due to the behaviour that challenged the service. She confirmed that the local authority were currently looking to find alternative suitable accommodation for them.

Each person had a formal activities timetable, however we observed that it did not correctly reflect what activities were available on the day of the inspection. We noted that on the day of the inspection, people did not participate in any formally organised activities. The deputy manager explained that he had planned to take people out to the park but had not been able to due to the inspection on the day. We spoke with the manager about this and she explained that there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. On the day of the inspection, we observed that people spent the morning in their bedrooms and in the afternoon, they listened to music and socialised with one another. We noted that the service completed a daily activity sheet which detailed what each person did daily. However, we did not see evidence of activities designed to mentally stimulate people.

We recommend that the provider reviews the provision of activities at the home to ensure people are provided with mentally stimulating activities.

The home had a complaints policy in place and there were procedures for receiving, handling and



responding to comments and complaints. We saw that the policy was clearly displayed at the entrance of the home. We saw the policy also made reference to contacting the local authority, CQC and the Local Government Ombudsman. The manager confirmed that the home had not received any formal complaints since the previous inspection.

There was a system in place to obtain people's views about the care provided at the home. We saw documented evidence that resident's meetings were held regularly so that people could raise any queries and issues.

## Is the service well-led?

### Our findings

People who used the service did not raise concerns about the management at the home. We received mixed feedback about management at the home from relatives. One relative told us, "I can raise issues with the deputy manager." Another relative told us, "I have a good relationship with the deputy manager. I feel able to raise queries. However, I find it difficult to communicate with [the manager]."

During this inspection on 20 November 2018, we found that the home had implemented checks in respect of care plans, risk assessments and the maintenance in the home. However, we found that whilst the home had introduced these, there was a lack of evidence to confirm that they were continuously carrying out these checks. We also found that the home had failed to identify their failings in respect of fire drills, fire arrangements, staffing, staff training and lack of activities. It was therefore not evident that the home was effectively monitoring the home in order to better demonstrate how the service was ensuring that people were protected against the risk of unsafe or inappropriate care.

The home had a documented medicines audit in place that they completed weekly. This audit counted medicines in stock and checked the completion of MARs. The manager had also implemented a general medicine audit which looked at medicine storage, PRN medicines and completion of MARs. However, we noted that this general medicine audit was not consistently carried out and lacked detail.

The above is a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not evident how the provider was monitoring its service to demonstrate how the home was ensuring that people were protected against the risk of unsafe or inappropriate care.

Our previous inspection found that some of the home's policies and procedures were in need of updating and had not recently been reviewed. During this inspection, we found that the home had reviewed some of these policies and procedures but there were still some policies that lacked important information. For example, the safeguarding policy failed to detail that the CQC should be informed of allegations and the medicines policy failed to detail the PRN procedures.

The above is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not evident that the provider was maintaining accurate and up to date documentation.

During the inspection, the manager informed us of two incidents that had occurred in October and November 2018 where a person who lived in the home displayed aggressive and challenging behaviour towards staff. Consequently, the police were called to the home to deal with the incident. We queried why the manager had not sent the CQC a formal notification in respect of this. She explained that she had been away on leave and had only just returned and therefore not had an opportunity to send the CQC the relevant notification. We explained to the manager the importance of having a system for notifying the CQC of such incidents even when the manager is away. The day after the inspection, the CQC received the relevant notifications in respect of the incidents from the manager.

There was a management structure in place with a team of care staff, a deputy manager and the manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture.

Care staff told us that they were kept informed of changes occurring within the home through staff meetings. We saw documented evidence that these occurred monthly. Care staff told us they received up to date information and had an opportunity to share good practice and any concerns they had at staff meetings.

During the inspection, we discussed our concerns regarding aspects of the service provided at the home with the manager and deputy manager. They acknowledged that there were areas for improvement and said that they were committed to making the required improvements and said they needed some time to do this.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was provided in a safe way to service users because they had not ensured the premises was safe to use for their intended purpose and in a safe way. Regulation 12(2)(d) HSCA RA Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits. Regulation 17(2)(a) HSCA RA Regulations 2014.</p> <p>It was not evident that the provider was maintaining accurate and up to date documentation. Regulation 17(2)(c) HSCA RA Regulations 2014 .</p>