Mrs P Hunter

Hunters Lodge

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?	**Inadequate**

Summary of findings

Overall summary

About the service
Hunters Lodge is a residential care home providing personal care for up to nine adults with varying needs including learning difficulties and dementia. At the time of our inspection nine people were using the service.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found
Risk assessments were in place for most people, however, some people's risk had not been recorded. Some people's Personal Evacuation Emergency Plans (PEEPs) were missing, and information about important fire checks could not be found or were out of date.

Some medicines were not recorded properly so it was not clear if people had the right amount of medicine when they needed it. When people only needed their medicine occasionally staff did not have the information they needed to tell them when this should be or why. There was no information to help staff know how people liked to take their medicine. Staff training on medicine management was out of date and the registered manager did not record staff competency around the administration of people's medicine.

The registered person did not always properly assess risks relating to the environment. Things we identified at the inspection such as missing window restrictors and broken tiles, were put right straight away but we were concerned these things had not been identified before.

There was not always enough staff to support people safely. The registered manager mainly used agency staff to work at the service. We were worried about the quality of recruitment checks that had been carried out and that checks to make sure staff were safe to work with people had not been monitored or updated. Staff training was poor and was not refreshed very often so staff may not have the most up to date skills and knowledge to care and support people.

The registered person did not have systems in place to support people when they were unable to make particular decisions because they lacked the capacity to do so. Best practice guidance and the law was not always followed. People were not supported to have maximum choice and control of their lives and staff did not always support them in their best interests; the policies and systems in the service did not support this practice.

The registered person did not have effective systems in place to monitor, assess and improve the service.

Care records were not always up to date and some important information was missing from some people's records. The registered person had not identified the issues we found during our inspection and we were concerned about the time delay in making the improvements required by the London Fire Service.

People and their relatives told us they liked living at Hunters Lodge. They told us staff were kind and caring. Staff knew people well and were able to offer people choices about the food they ate, when they went to bed or woke up. People were supported to keep in contact with their family or friends. More independent people were supported to follow their interests in the community and at the service although there were less opportunities available for those people who were less independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 10 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

At this inspection we have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report.

Enforcement
We have identified breaches in relation to person-centred care, the need for consent, safe care and treatment, good governance, staffing and fit and proper persons employed at this inspection.

Please see the actions we have told the provider to take at the end of this report. However, full information about CQC's regulatory response to the more serious concerns found during inspections will be added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Hunters Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Hunters Lodge is a 'care home'. People in care homes receive accommodation and nursing or 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We sought feedback from the local authority and professionals who work with the service. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection
During our inspection we observed interactions between people and staff to help us understand their

experiences of receiving care and support at the service. We spoke with four people using the service, the deputy manager and two agency staff. We also spoke with a healthcare professional and a family member who were visiting the service. We looked at records which included care records for five people, five staff files, medicines records and other records relating to the management of the service.

After the inspection
We received additional information from the deputy manager to give us assurances of actions taken. We spoke to two relatives of people who used the service for their views.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

• The provider did not always assess, monitor and review risks to people's safety. Staff told us about risks to some people both in the service and in the community. However, we found not all risks has been recorded and plans were not in place to manage risk associated with some people's needs. For example, one person had joined the service in December 2019, they were at risk of failing and infection but there was no information available for staff to help them reduce this risk. Another person used a stair lift to access their room on the first floor, but the use of this equipment had not been risk assessed. Staff used a fan heater to heat a third person's room on cold nights but there was no risk assessment in place to make sure staff knew how to manage the risk of burns from a potential hot surface.

• The provider did not always maintain a safe environment for people. During the first day of our inspection we found one person's first floor bedroom did not have a working window restrictor in place. This meant the window could open fully and the person may be at risk from falling. Tiles in a communal toilet were broken with sharp edges, this meant there was a risk of people injuring themselves. On the second day of our inspection a new restrictor had been fitted on the window and the tiles had been fixed.

• People were not protected by suitable fire safety arrangements. The provider did not have systems in place to adequately protect people in the event of a fire. The London Fire Authority had issued an enforcement notice listing steps to be taken to make sure Hunters Lodge was safe for people. The provider had started to make some improvements but progress was slow. For example, only three people had personal evacuation plans in place, this is important information that helps staff and the emergency services know who may be at risk in the event of a fire. The deputy manager told us fire evacuations were conducted regularly but could not find the records to confirm this. Both the emergency lighting and alarm tests had not been completed in line with the providers procedures.

Using medicines safely

• People did not always receive their medicine safely. We checked one person's medicine as the dose had recently changed. We found records indicated staff had administered the wrong amount of medicine on at least two occasions. We asked staff where they would record medicine errors but they did not know. The deputy manager confirmed there was not a system in place to record medicine errors. We were concerned because taking the wrong amount of medicine may put the person at risk of becoming ill and there should be systems in place for staff and their managers to immediately record and act upon medicine errors. The deputy manager wrote to us after the inspection with the actions they had taken to make sure this person was safe.

• People's medicine records were not always completed properly. The medicine administration records for most people were fully completed with no gaps. However, when we looked at one person's administration

record we found there were gaps in their records. This meant they may not have received the medicine they should have.
• The management of people's medicines was not always safe. The deputy manager told us staff would check the balance of people's medicine but there were no other written audits in place to check people's medicines were correct. Staff were last trained in medicine administration in 2018. The deputy manager said they carried out regular competency checks to make sure staff were doing the right things, however, these were not recorded. The National Institute for Health and Care Excellence (NICE) guidelines advise a formal process should be in place to assess staff competence and this should be completed yearly as a minimum.
• When people needed PRN or as required medicine there was no information in place for staff to guide them on how to administer this medicine and when. It is important staff know when to give people this type medicine including verbal and non-verbal cues and what, if any, alternatives there may be to PRN. There was a lack of information about how people would like to take their medicine, how medicines should be given and any important information for staff about foods or drinks that should be avoided with certain types of medicine.

Although we found no one had been harmed, the provider had failed to identify, assess and manage risk appropriately. The management of medicines was not safe. These amounted to a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
• The provider did not always deploy enough staff to meet people's care and treatment needs and to ensure people's safety. On the first day of our inspection there was one member of care staff and the deputy manager on shift. People were actively looking for staff assistance throughout our inspection and staff were under pressure to meet people's needs. Although the deputy manager explained they normally worked with another two staff members we were concerned that systems were not in place to make sure staff numbers were adequate to cover absence such as sickness. Only one staff member was on duty at night. At least three people liked to go to bed late and one person was often up at night. Although there was an on-call system for staff to ring, we were concerned about people's safety should people require immediate staff assistance either in an emergency or as part of their ongoing health care needs.

The lack of suitably deployed staff was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider did not always follow robust recruitment procedures. The service employed one member of care staff and relied on agency staff to cover their remaining shifts. Although the provider tried to keep the same agency staff for continuity, we were concerned the provider did not thoroughly check and monitor that safe recruitment processes had been followed by the agencies used. For example, there was no information available concerning staff employment history, references received in support of their application and checks on visa status and eligibility to work.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• People we spoke with either told us or indicated they were happy living at Hunters Lodge. Relatives told us they were happy with the care and support their family member received.
• We observed people approached staff without hesitation and appeared comfortable speaking to staff about how they were feeling. Although there was little information on display to let people know what they should do if they did not feel safe the deputy manager told us people could speak to them at any time and

our observations confirmed this.
• Staff told us they would report any concerns they had to their managers. However, only three staff had received safeguarding training in the last year. Staff told us they were due to have training in the next few weeks. Safeguarding concerns raised were reported to the local authority's safeguarding team and the Care Quality Commission. Safeguarding was discussed at staff meetings.
• Systems were in place to safeguard people's finances. However, these could be more robust. We spoke to staff about how they could improve the systems in place this included introducing regular audits to ensure people's finances were protected.

Preventing and controlling infection
• The communal areas of the service were clean and odour free. On the first day of our inspection the communal bathrooms and toilets did not have soap or hand drying facilities. These were in place on the second day of our inspection. Only three staff members had received training in infection control in the last year and records indicated most staff were not up to date with food hygiene training.
• On the first day of our inspection we found food in the fridge that was out of date. There was food that had been opened, but not labelled so there was no way of knowing how long it had been opened for. We spoke to the deputy manager about our concerns who assured us they would take action.

Learning lessons when things go wrong
• There were limited systems in place to report safety concerns, incidents or near misses. Accident forms were used to report falls or injuries but there was little information to describe the action taken to reduce the risk to people or who should be contacted as a result of the accident or incident. Staff told us they did not know how to report medicine errors and there was no form for them to record this.
• The deputy manager assured us that lessons learnt were discussed at staff meetings and during handover however we were concerned there was little evidence to support this.

Requires Improvement

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience
• Staff training was not always up to date. We looked at the provider's training records and found many areas where staff training had not been refreshed or had not been completed. This included manual handling, fire safety, medicine administration and safeguarding. One staff member had no recorded training and another had only completed three training courses since 2017. We spoke to two agency staff who told us their agency's provided refresher training and confirmed they were due to have some training soon. We were concerned because without regular training staff may not have the skills and knowledge needed to support people.
• Staff supervision and support was not consistent, we looked at four agency staff files and found very little evidence of completed supervision. Agency staff told us they felt supported and told us they were supervised every day by the deputy manager. However, we were concerned there was no formal process in place to ensure staff competency was maintained and training was up to date.

The issues above amounted to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People's rights were not always protected because staff lacked understanding of the MCA and its Code of Practice and how to apply it to people's individual circumstances. Appropriate processes were not being followed in regard to MCA assessments and best interest meetings.
• Staff gave people choice in everyday decisions. However, when we asked staff about their knowledge of the

MCA and DoLS they told us they had not received any training in this area. MCA and DoLS training had not been identified on the provider's training matrix so we were unable to confirm if staff had received training in this area.
• The deputy manager told us people at the service had capacity to make their own decisions and no DoLS applications had been made. However, when we looked at people's records we found at least three people lacked capacity around specific areas. One person's capacity had deteriorated with changes in their health, we asked to see their mental capacity assessment and found one had been completed in 2008 and last reviewed in 2016. We could not find MCA assessments for anyone else. We were concerned because the registered person had not considered if people had the capacity to make certain decisions or not, and it was not clear if particular decisions made on people's behalf were made in people's best interests.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
• Hunters Lodge is a large detached house with accommodation over two floors. People's rooms on the first floor were accessed by stars and a stair lift was in place for those people who needed it. People's rooms were homely and personalised with items of furniture, pictures and photographs.
• The service was in need of maintenance and modernisation. External patio doors had been installed between the lounge and the dining room. We observed one person using a walking frame having to manoeuvre over the step of the patio doors several times. Although they seemed quite confident, we were concerned about the trip hazard this presented especially for those people who were less mobile. The deputy manager explained there were two entrances to the dining room and those using a wheelchair or with mobility needs could use the other entrance. We will look at this again during our next inspection to make sure people's risk has been considered in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Most people's needs were assessed when they first started to use the service. Assessments included information about people's mental health and physical support needs, their history, likes and dislikes together with any spiritual and cultural beliefs so staff could provide the appropriate care and support. However, there was little information in place for two people who were receiving respite care. We spoke to the deputy manager who explained they were still waiting for information from one person's care manager and their records would be updated when this was received. We will look at this again when we next inspect.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they liked the food at Hunters Lodge. They were offered choices about their food and drink. People were encouraged to be involved in the preparation of meals when they were able to. We observed mealtimes were a social experience that people enjoyed.
• People's likes and dislikes were recorded in their care records along with any special dietary needs and when people required additional support the appropriate healthcare professionals were involved to give advice and support.
• Staff told us about people's favourite food and how they prepared this. One person enjoyed food that was specific to their culture and staff had brought the ingredients and prepared the meal especially for them.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
• People were supported to access the healthcare services they required. Records confirmed regular visits to GPs, and appointments with other healthcare professionals and records contained details of people's health care needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they liked living at Hunters Lodge and thought staff were caring. One person told us "I like it here, staff are nice." Relatives were complimentary about the deputy manager and the staff team. Comments included, "The staff are OK, they do well", " [Relative] is happy and content and well looked after. Hunters Lodge is extremely good" and "[The deputy manager] has been there forever, she is lovely…really good. [Relative's name] has always been very happy."
• The deputy manager explained they tried to keep the same members of agency staff for continuity of care and some staff had been with them for a number of years. The agency staff we spoke with knew people well and were able to tell us about people's individual needs, preferences and personalities. Staff were friendly and open, they spoke positively about their work and how they supported people.

Supporting people to express their views and be involved in making decisions about their care
• People were able to make decisions about their care and support. We observed people making choices during our inspection and staff supporting them to do this. For example, some people like to stay in bed in the mornings and have their breakfast later in the day.
• People's communication needs varied. One person was unable to speak English so required an interpreter to help discuss their needs. The deputy manager told us the person's family would help when needed and the person was able to use their mobile phone to communicate. The deputy manager said they were confident the person would be able to communicate to them if they were unhappy.
• People were invited to attend residents' meetings. However, the last meeting was in April 2019. The deputy manager told us their door was always open and people could "come in and voice their opinion, although it's not logged it's an open house."

Respecting and promoting people's privacy, dignity and independence
• Staff treated people as individuals and spoke to people with dignity and respect. People and staff were laughing and joking together during breakfast and people were confident when joining in conversations. The service was homely and people were relaxed and comfortable in their surroundings. Different seating areas in the lounge and dining room allowed people to sit quietly and have some privacy if they wished. People's bedrooms were personalised with their own belongings, pictures and items special to them. People were able to have their own key to their room to help encourage independence.
• We observed staff were respectful of people's dignity and privacy. Staff were discreet when people required personal care and told us how they respected people's privacy and dignity and encouraged independence. We observed one person making their own breakfast and drinks and another helped clear the tables after

mealtimes.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

• The provider had moved to a computer-based record system. However, some documents were still paper based and it was not always clear where people's up to date records were stored. When we looked at the computer-based system some people's personalised information was missing or contained conflicting information. For example, one person's daily notes suggested they liked to play the guitar and read the bible but this information was not in their care records so it was hard to see how staff would know their likes and dislikes. Another person's care records indicated they were overweight. However, conflicting notes from a healthcare professional suggested the same person needed to gain weight and required support with their nutrition. We were concerned that staff may read the wrong information and this could have a negative impact on the person's care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• The service did not always support people to take part in activities socially and culturally relevant to them. People living at the service had a wide range of needs, with some people being more independent than others. However, the range of activities available to people who were less independent were very limited. For example, in house activities such as arts and crafts were available but there were no other options for people to consider. One person's week consisted of one outing, one relative visit, one arts and crafts session with the remainder of time allocated to household chores. Two people did not have activity plans in place and there was little information in their care plans about what they liked to do, their hobbies or interests.

• A relative told us people were less engaged in activities than they used to be. On the first day of our inspection, due to staff sickness, there were no activities in place. Staff numbers were low and the staff on duty had little time to engage with people. On the second day of our inspection we met the external provider for the arts and crafts session. We spoke to a healthcare professional who confirmed arts and crafts was the normal activity in place when they visited. The deputy manager told us the service had transport in place but there was no one available to take people on outings. They explained they were looking at recruiting an additional staff member who would be able to drive allowing people to have access to more activities in the community.

The issues above were a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Some information was available for people in an easy read and pictorial format such as surveys seeking people's views. One person's records contained a communication passport created by a healthcare professional. However, this information did not feed into the person's care records so we were unsure if staff used the advice on a day to day basis.

Improving care quality in response to complaints or concerns
• Some information was available for people in their service user guides, on what to do if they were unhappy or wanted to make a complaint. Although people did not have recorded meetings with staff the deputy manager assured us people would speak up if they were unhappy.
• Relatives told us they knew who to make a complaint to if they were unhappy and felt they would be listened to.
• Records indicated concerns and complaints about the service were recorded and acted upon. The deputy manager explained lessons were discussed with staff to make things better for people.

End of life care and support
• No one using the service was receiving end of life care at the time of our inspection. The service had worked with the local hospice to achieve the steps to success program in end of life care. This offered staff the training and recourses to support people to make decisions about their preferences for end of life care. The deputy manager explained they were working with people and their relatives to put end of life care plans in place to make sure the views of people were known, respected and acted upon.

Inadequate

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

• The registered manager was also the provider of Hunters Lodge. During the two days of the inspection we did not see or hear from the registered manager. The deputy manager explained the registered manager was at home due to personal reasons but had been at the service earlier the same week. We looked at three duty rotas and confirmed the registered manager had attended the service once a week and was on call for two days a week. This did not give us assurance that the service was being effectively managed and overseen by the registered manager.

• Roles, responsibilities and accountability arrangements were not clear. The deputy manager was the most senior person in charge during our inspection. They relied on one permanently employed staff member and long-term agency staff to help with record keeping and provide the care and support for people. The deputy manager did not have any supernumerary time to make sure the service ran smoothly or carry out the checks and improvements needed to provide assurance that people were safe and received the care and treatment they needed.

• Legal requirements were not always met in a timely way. The registered manager had been served an enforcement notice by the London Fire Authority for essential works to be completed to make the service safe. The registered manager had requested an extension to the deadline of work to be completed and this was granted. However, we were concerned about the time delay in meeting the requirements of the enforcement notice. This included a lack of information available to ensure people would be safe in the event of a fire. For example, six people did not have personal evacuation plans in place, the records of fire drills could not be found, although the deputy manager assured us these had been completed, and checks such as emergency lighting checks were out of date.

• The provider did not have systems in place to assess people's mental capacity when they needed it. When people had MCA assessments made in the past, these had not been reviewed and were out of date. Staff could not demonstrate a working knowledge of DoLS and MCA requirements. This meant people's legal rights may not be fully understood or respected.

• There were very few audit and governance systems in place to ensure ongoing improvements and check on the quality of the care and support people received. Issues we found during our inspection had not been identified by the registered manager. For example, failure to identify medicine errors, lack of reporting systems in place, failure to identify risk to people, lack of systems in place to ensure the regular maintenance and safety of equipment used and lack of audits for people's finances. Staff numbers were low, training was out of date, supervision and support was poor and we were not assured the registered manager conducted the necessary checks to make sure the recruitment, training and support for agency staff were in place to

keep people safe.

We found no evidence that people had been harmed, however, poor governance meant the provider was not meeting the regulatory requirements to make sure people were safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The deputy manager and staff were open and transparent with us during our inspection. We saw complaints and safeguarding investigations had been addressed and reported appropriately. However, we were unable to speak with the registered person so we were not assured in this area.
• Accidents were recorded although there was no system in place to record actions taken to make things better for people. Incidents such as medicine errors were not recorded, however, the deputy manager assured us areas of improvements were discussed with staff regularly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The deputy manager told us they encouraged people to speak up. Our observations confirmed people knew who the deputy manager was and approached them with questions or asked for help during our inspection. A survey had been conducted in the last 12 months to gain people's views. However, there was very little recent evidence to support how staff listened to people and acted upon their views because the last service user meeting was held in April 2019.
• Relatives spoke positively to us about the deputy manager, they had known them for a number of years and felt comfortable approaching them if there were any problems.
• The agency staff we spoke with told us they felt supported and listened to. They told us the daily handover meeting helped share important information about people and staff meetings gave them additional support.

Working in partnership with others
• The service worked with external stakeholders such as and healthcare professionals and the local authority. This helped people received the healthcare and support they needed.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always assess people's needs and preferences. Care records did not always reflect people's preferences and were not always regularly reviewed and updated. Regulation 9(1) (a)(b)(c), (3) (a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent When people were not able to give consent the registered person did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always completed or reviewed. The registered person did not always make sure the premises was safe for people. People's medicines were not always managed in line with current legislation and guidance. Regulation 12(1)(2)(a)(d)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not have the

recruitment procedures in place to make sure staff were safe, had up to date qualifications, competence, skills and experience. Regulation 19 (1)(b)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not deploy enough staff to meet people's needs. The registered person did not provide appropriate training and supervision to staff to enable them to carry out the duties they were employed to perform. Regulation 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to assess, monitor and improve the safety of the service. Regulation17(2) (a). The registered person failed to identify risk to people and did not introduce measures to reduce or remove risk. Regulation 17(2)(b) The registered person failed to keep accurate and up to date records. Decisions made of behalf of people who lack capacity were not recorded in line with the Mental Capacity Act 2005 and associated Codes of Practice. Regulation 17(2)(c)

The enforcement action we took:

A warning notice was issued