

The Island Residential Home Limited

The Island Residential Home

Inspection report

114 Leysdown Road
Leysdown on Sea
Isle of Sheppey
Kent
ME12 4LH

Tel: 01795510271

Website: www.islandresidentialhome.co.uk

Date of inspection visit:
29 November 2016
01 December 2016

Date of publication:
27 January 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

The inspection was carried out on 29 November and 01 December 2016. Our inspection was unannounced.

The Island Residential offers accommodation and long term care and support to up to 38 people. Some were older people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Some people received their care in bed. Accommodation is arranged over two floors. There is a passenger lift for access between floors. There were 33 people living at the home on the day of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 05 and 07 April 2016 we found breaches of Regulations 9, 12, 13, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as 'Requires improvement' overall and 'inadequate' in safe. We asked the provider to take action to meet the regulations.

We received an action plan on 06 July 2016 which stated that the provider had met some of the regulations already and planned to be compliant with the Regulations by 30 July 2016. However the provider had not met the regulations as they had planned to. At this inspection we found a number of repeated breaches of Regulations.

At this inspection we received positive feedback from people and their relatives. They told us the people received safe, effective, caring and responsive care.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights. Care plans and documentation did not evidence that the MCA had been followed.

People's weights had not consistently monitored to ensure people remained in good health.

The home was in the process of being decorated, some bedrooms on the ground floor had already been completed. The majority of other bedrooms and communal areas in the home were yet to be started. These rooms were shabby and in need of repair. The flooring in a number of the bedrooms upstairs was ripped

and uneven. We made a recommendation about this.

Some areas in the upstairs of the home smelt of stale urine. We made a recommendation about this. The rest of the home was clean and smelt fresh.

Topical medicines administered were not adequately recorded to ensure that people received them in a safe and effective manner. We made a recommendation about this.

Improvements had been made to the training staff had received. However not all staff had received training relevant to their roles. Some staff had not received regular supervision. We made a recommendation about this.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia. We made a recommendation about this.

People's view and experiences were sought during meetings and through quality assurance surveys. Relatives were also encouraged to feedback through surveys. The provider had not always acted on feedback given in a timely manner. We made a recommendation about this.

People's care plans were not complete and were not updated to ensure that their care and support needs were clear and their preferences were known.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always accurate and complete.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for.

People were supported and helped to maintain their health and to access health services when they needed them.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People and their relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the registered manager and the provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift took place to make sure all staff were kept up to date.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

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

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Effective recruitment procedures were not always in place. Records relating to employment were not complete. There were enough staff deployed in the home to meet people's needs.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

The décor of the home was still in the process of being updated. Flooring in some areas was rippled and not suitable. Some areas upstairs smelt strongly of urine.

People's topical medicines were not well managed and recorded.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not all received the essential and specific training and updates they needed. Staff said they were supported in their role and had received supervision.

Staff were aware of the Mental Capacity Act (MCA) 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place. Capacity assessments did not follow the principles of the MCA.

People enjoyed the food. They had choices of food at each meal time. People's weights were not consistently monitored.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring.

The staff were kind, friendly and caring towards people and their relatives.

People were supported to maintain relationships with their relatives and friends. Relatives were able to visit at any reasonable time.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's confidential information was securely kept.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People were not always provided with personalised care.

People's and relatives views were gathered and most people's feedback had been acted on.

The service had a complaints policy; this was on display in the home. Compliments about the service had been received.

Is the service well-led?

Requires Improvement 

The service was not well led.

Systems to monitor the quality of the service were not effective. Records relating to people's care and the management of the service were not well organised or complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

The Island Residential 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 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 29 November 2016 and 01 December 2016 and was unannounced.

The inspection team consisted of one inspector, one inspection manager, a specialist advisor who was a trained social worker and lecturer regarding older adults and dementia care and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection we reviewed previous inspection reports, actions plans and notifications. A notification is information about important events which the service is required to send us by law. We also reviewed information of concern that we had received from the local authority.

We spent time speaking with 22 people and six relatives. We spoke with 12 staff including care staff, senior care staff, the cook, the registered manager and the provider. We also spoke with two further staff outside of the inspection visit.

Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals including the local authorities' quality assurance team

and care managers to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included nine people's care records, 10 people's medicines records, risk assessments, staff rotas, five staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including some contact telephone numbers. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At our last inspection on 05 and 07 April 2016, we identified breaches of Regulation 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice. The provider had not protected people from risks to their safety and had failed to ensure that premises were safe for use. The provider had failed to assess the risk of and prevent, detect and control the spread of infections. The provider had not established systems and processes to effectively prevent abuse. The provider sent us an action plan which stated they would meet Regulation 12 by 04 July 2016, Regulation 13 by 23 May 2016 and Regulation 19 by 04 July 2016.

At this inspection we found that there had been little improvement to management of risks and, staff recruitment records. Infection control systems had been improved in some areas. Improvements had been made to ensure people were safeguarded from abuse and harm, however further improvements were required.

People told us that they felt safe in the home and content. Comments included, "There is always someone to help me when I need it"; "I can get myself around quite easily but I know that I can press the call button if I need to and help will come without fail"; "I feel very safe, that's what is important, you need confidence that you have support when you need it most and I have never been let down" and "If I wake frightened in the night, I don't think it is wise to get up and try to walk about but they are always very understanding and come when I call".

Relatives told us their family members were safe and receiving good care. Comments included, "I'm happy with the care"; "There's always enough staff"; "He is safe, I was concerned at first because he found the stairs and went down them" and "Most times there's enough staff, on odd occasions staff are sick, the manager steps in".

At the last inspection we found that the provider and registered manager had not carried out safe recruitment practice. At this inspection we found that two out of five staff recruitment records contained photographs of staff. References had been received by the provider for all new employees. The provider and registered manager had employed new staff since the last inspection and had not checked reasons for gaps in employment for two staff. One new staff member had a gap of 14 years in their employment history and another had a gap of 10 months in their employment history which had not been explored. Four new staff had started work before relevant checks had been made through the Disclosure and Barring Service (DBS). DBS applications had been made, however the completed checks had not been received back. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Risk assessments had been made for two out of the four staff to reduce the risk to people. The registered manager told us that all staff without appropriate checks were not allowed to work alone and were paired up with an experienced staff member to provide personal care to people. The detailed risk assessments must have been missed for the two staff. Therefore the provider had not carried out sufficient checks to ensure the staff members were suitable to work around people who needed safeguarding from harm.

This failure to carry out employment checks was a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that registered persons were not assessing or mitigating risks to people's safety effectively and were not assessing the risk and preventing, detecting and controlling the spread of infections. At this inspection we found that some people's safety had not been suitably assessed. One person living on the upper floor actively walked with purpose around the home, they had already found their way out of the home unnoticed on one occasion. During the inspection we saw this person on and near the stairs a number of times which meant that they were at risk of falling and at risk of leaving the premises. Although the front door was kept locked to prevent people leaving the home without the relevant help and support, people could exit the home using a number of other exits. The registered manager advised us that these exits were alarmed which reduced the risk of this happening. A key coded lock was not in place on the door to the stairs to restrict access and keep people safe. A relative also passed on concerns to us during the inspection about their family member's safety due to the stairs. One person's pressure area risk assessments had not been updated to evidence that their skin had broken down and they had been receiving nursing input from the district nurses in relation to this. The risk assessment did not match the person's records as staff had completed body maps to show where on the person's body the pressure area had developed.

It was not always clear what action had been taken when accidents and incidents had occurred. One person's had attempted to climb out of a moving vehicle 18 days before the inspection. There were no risk assessments in place relating to this, we could not see what action had been taken to address the incident and what had been put in place to prevent it happening again. We spoke with the registered manager about this. During the inspection they produced a risk assessment to ensure that staff had clear guidance to keep the person safe from harm whilst travelling in vehicles. The registered manager told us that incident records of this nature were shared with people's care managers and or mental health services as required.

The examples above showed that registered persons were not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12(1) (2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people's records showed that risks associated with their needs had been considered. The risk assessments gave clear, structured guidance to staff detailing how to safely work with people. For example, people's care records evidenced that people at risk of falling had falls assessments in place. The accident and incident records showed that action had been taken when people had fallen, such as referrals to the falls clinic or Occupational Therapy (OT). During the inspection an OT visited the home to assess one person as they had frequently fallen.

At the last inspection we found that the registered manager had not followed their own policy and procedure for informing the local authority safeguarding team of safeguarding concerns. At this inspection people were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 35 out of 40 staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

There were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there

were plenty of staff, on occasions this was reduced due to staff sickness. The management team often stepped in to work on shift when staff went off sick. Agency staff were deployed to provide cover when required. This happened during the inspection. Staff confirmed they were offered extra work when there was sickness to ensure people had consistent staff support from staff they knew and staff that knew their care and support needs well.

The home mostly smelt clean and fresh. Bathrooms had pedal bins in place to ensure people did not have to touch the bin lid to open the bin, this decreased the risk of contamination. However there was a strong odour of stale urine on the top floor in the corridor. The home was clean and tidy, housekeeping staff were seen undertaking cleaning tasks throughout the inspection.

We recommend that the provider and registered manager review the suitability of the cleaning procedures and flooring on the upper floor to control the odour of stale urine.

The home was in the process of being decorated, some bedrooms on the ground floor had already been painted, had new carpets and wash basins. The kitchenette on the upper floor had been replaced with stainless steel easier to clean kitchen units. The majority of other bedrooms and communal areas in the home were yet to be started. These rooms were shabby and in need of repair. The flooring in a number of the bedrooms upstairs was rippled and uneven. It created a trip hazard. A staff member explained that it was difficult to use the hoist equipment in these rooms as the wheels of the hoist often became stuck. At the last inspection the registered manager and provider told us that the repairs and redecoration process had been delayed whilst the roof was repaired. This work had been completed in April and May 2016, yet only minimal improvements to the décor of the home had been made since then. We observed that the door from the upstairs lounge was too heavy for some people to open. One person had great difficulty to open the door as they walked with a Zimmer frame. Another person became stuck in the doorway while trying to exit the room with their Zimmer frame; they almost fell backwards because of this.

We recommend that the provider and registered manager reviews and addresses the timescales for redecoration and modernisation.

Repairs to the building and equipment were recorded in the maintenance records by staff. The maintenance team carried out work identified and recorded that this had been done. Some repairs that were needed had not been recorded. A table leg was broken on a table in the upstairs dining room but it was just pushed back into place although it was clear that the bracket joint had cracked. This table was used by two people at lunch time. One toilet on the top floor had no working fan to remove odours and steam. This caused the toilet to smell unpleasant. We spoke with staff about this and they reported it to the maintenance team. During 'Residents meetings' people had raised health and safety concerns due to repairs that were required in a bathroom and in a person's bedroom. We checked the repairs and maintenance records and could not see that these issues had been shared with the maintenance staff. The provider told us that both of the repairs had been completed straight away but had not been recorded. Checks had been completed by qualified professionals in relation to moving and handling equipment, electrical supply, gas appliances, the lift and fire equipment to ensure equipment and fittings were working as they should be.

People told us that staff assisted them with their medicines. People said, "I know what medicines I need and they are brought to me when I need them but I don't interfere as they know more than I do about my medication"; "She [staff member] has followed me in here to give me my pills and now she has found me I have got a pot full of them, she won't let me get away until she is sure I have had them all"; "I have all my medicines here just when I need them and someone will always know when that is, I never go without" ; "I do know what medicines I need but it is safer to make sure and be given it by someone who has it written

down otherwise I might get it wrong, safer that way you see" and "I need my inhalers with me but she has gone to get it for me as I have left them in my room but I know help is always close by when I need it".

People were protected from the risks associated with the management of medicines. People were given their medicines by trained staff who ensured they were administered on time and as prescribed. Staff had a good understanding of the medicines systems in place and there was a policy in place to guide staff from the point of ordering, administering, storing and disposal and we observed this was followed by the staff. We observed good practice and procedures for medicines being dispensed to people during the medicines round.

Medicines were kept safe and secure at all times when not in use. Unused medicines were disposed of in a timely and safe manner. Regular checks were made of the two medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the temperature remained within normal range.

The care staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. The registered manager assessed each staff members competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so. Some people were receiving topical creams at the time of our inspection. However, it was unclear how often these creams were being applied and where they were applied. Whilst the staff knew people well and ensured these creams were used appropriately on a daily basis, new or agency staff would not know how to apply these creams and how often.

We recommend that the registered manager ensures appropriate documentation is available to staff to enable topical creams to be applied.

Appropriate arrangements were in place in relation to obtaining medicines. Medicines were received in a monitored dosage system (MDS). This system is where all the medicines for a given time period were prepared by the pharmacy. We observed an effective system for their storage and monthly ordering to ensure that prescribed medicines would be available for people. The staff ensured that there was no excess stock of people's medicines and that all medicines were in date. There was a system of regular audit checks of medication administration records and regular checks of stock which indicated the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Is the service effective?

Our findings

At our last inspection on 05 and 07 April 2016, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not been provided with training which met people's needs. Staff had not received regular supervision from their line manager. The provider sent us an action plan which stated they would meet Regulation 18 by 30 July 2016. We made a recommendation that the provider reviews and monitors people's healthcare records to ensure that information about people's care and health is up to date and relevant. We also made a recommendation that the provider reviews and monitors care to ensure consent is obtained following the principles of the Mental Capacity Act (2005).

At this inspection we found that further improvements were needed.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff were knowledgeable concerning the need to seek consent when providing care for people. One staff member told us that people living at the home had variable capacity to make decisions. They explained that mental capacity meant that "Someone was able to make a safe decision. If the resident could not do that a mental health assessment was required and possibly a DoLS applied for via the Doctor in discussion with the family". We observed staff talking with people to gain consent before carrying out care. People were offered choices and control over all aspects of their lives. One person explained how they were given a choice of when to get up. They said, "The staff help me when I need it, I usually get up at about nine in the morning as I like a bit of a lie in so they wait to come in and then will come to help when I call". People who had been assessed as having capacity to leave the home independently had been given the choice to have a front door key. For security purposes the front door to the home was kept locked. This enabled people to come and go as they wanted.

Documentation within people's care files did not follow the Mental Capacity Act 2005. One assessment recorded 'DoLS applied – [Person] does not have good capacity'. MCA assessments had been carried out for people that lacked capacity but the assessments were not decision specific. This had not improved since we last inspected.

The failure to meet the requirements of the Mental Capacity Act 2005 was a breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. Applications had been submitted to the local authorities in a timely manner. Referrals had been made for some people to receive advocacy support to help them understand information and make decisions.

At our last inspection we reported that people's weights had not been consistently monitored and made a

recommendation about this. At this inspection we found that this had not improved. Some people's weights had not been monitored frequently. Action had not always been taken when people were at risk. One person had increased in weight by three stones in eight months, they had not been weighed since 28 October 2016. No action had been taken to address this such as a referral to a GP to check the person's health. Another person had lost 13lbs in weight between 01 September 2016 and 03 November 2016, we observed this person declining food during the inspection. Staff tried to encourage them to have different foods to keep them healthy, the person chose to have desserts rather than main courses. We spoke with the registered manager about this and they told us that the policy was to weigh people monthly or more frequently if concerns were raised or if requested by a GP or dietician. The registered manager spoke with us about the introduction of champions within the staff team. A staff member had recently taken on the role of weight champion. This role was to encourage and ensure that people were frequently weighed and action was taken as a result.

Failure to monitor people's weights effectively to ensure people's nutritional needs had been met was a breach of Regulation 9(1)(a)(b)(3)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the staff were there for support if they needed them. People told us they enjoyed the food and that their medical needs were met. Comments included, "The staff are always here when I need them. I don't often need help but if I do I just ask or press the buzzer"; "They really do know just what I want and do you know they know just when I need it too"; "The nice girls [staff] know exactly what I like and need and most of the time when I need it too"; "We can have as much food as we like really, enough to fill your boots. Breakfast is not much just a bit of toast and cereal but you can always ask for more"; "We have things that I don't like but then I can just tell them and I usually can have something I do like so we can always ask"; "We have a good choice of food really, it is not like it was at home but not bad, not too bad at all"; "I like lots of juice and I can have lots of juice, they are good about that"; "It's alright the food here, we certainly can have enough. It's not always that exciting but it is warm and it fills a gap"; "The food is very good" and "I always ask for more and do you know what, I always get it".

Relatives told us their family members were well cared for. Comments included, "I'm happy with the care"; "The home is brilliant"; "Mum has dementia, she is very happy there. We are happy with the care". One relative told us, "They've had the doctor out a few times, she was not acting herself and the staff picked up on it".

At the last inspection we found that staff had not all received training relevant to people's assessed needs and had not received regular supervision. At this inspection we found that some staff had received the mandatory training and guidance relevant to their roles, further training was required to ensure all staff had appropriate training to enable them to carry out their roles. Training records evidenced that 30 out of 40 staff had done health and safety training, 21 staff had completed moving and handling training, 22 staff had attended training in relation to dementia care. The records evidenced that 24 out of 35 staff had attended medicines administration training and 23 out of 38 staff had attended training in relation to meeting people's diet and nutrition needs. Only 14 staff had attended coping with aggression training. The training list showed that 18 staff had attended first aid training. Nine staff attended first aid training which took place on the day of our inspection. A further first aid course was planned for 23 December 2016 which 10 more staff were booked to attend. The training records did not show that staff had been given catheter care training, despite providing care and support for people that had catheters fitted. Some staff had attended distance learning courses to help them learn and understand more. The provider was undertaking a distance learning course in dementia care, the registered manager was undertaking a course in care planning.

We recommend that the provider ensures that staff have training to enable them to meet people's assessed needs.

Staff told us that they had received observations and informal supervisions and discussions about practice. One staff member said they had received, "Nothing formal but it was done on the spot" they went on to explain that a member of the management team may watch them work and if they had any problems or queries they "Could always ask". Another staff member told us they had formal supervision by observation from a senior member of staff. Night staff confirmed they had received supervisions and training to help them in their roles.

New Staff undertook induction training with the registered manager when they first started, this enabled them to familiarise themselves with the home, policies and undertake some training. New staff shadowed experienced staff to help them get to know people and their routines. New staff were at different stages within the induction process. Induction records showed that some staff had not yet fully completed their induction and required observations of their competency to make sure they were working according to the policies, procedures and good practice guidance.

The environment did not meet the needs of people living with dementia. People's bedroom doors upstairs had signs on them to help people identify that it was their room. It included a picture of them and their name. Other doors in the home did not have any dementia friendly signs to help people find the bathroom or toilet, lounge, dining room. We observed that some people were confused and disorientated upstairs. People frequently asked, "Which room is mine?" Dementia friendly signs may have helped people to orientate themselves. The upper floor was home to people living with dementia. The corridors on the upper floor were decorated in bold wallpaper with patterns. This could be very confusing for a person who lives with dementia. The provider explained that they planned to decorate the whole home and had chosen a colour they liked the look of.

We recommend that the provider follows good practice guidance assesses and reviews the whole environment to ensure that it is suitable for all people living with dementia.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. The menu was clearly displayed on the boards on the wall of each dining room, this was available in written form only. There were no pictures of food to help people who had lost verbal communication skills choose what to eat. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. People were supported to eat their meals if they needed it. People who needed encouragement to eat were given this. People who had chosen not to eat what had been cooked and prepared were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People were offered snacks such as biscuits, cake and fruit during the day.

We observed people during lunch time in both dining areas of the home. Lunch was a pleasant experience for people, it was not hurried or rushed and was well presented with each item separate on the plate. People were offered more if they wanted it. The choices of desserts created lots of excitement during meal times. It was clear that most people's favourite was strawberry cheesecake. There was also fruit and yoghurts on offer if people wanted it.

Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably qualified and knowledgeable about how to meet the nutritional needs of the people who lived at the home. The kitchen staff had guidance and information from the speech and language team (SaLT) in relation to

preparing food for people who have difficulty swallowing and guidance and information about different diets such as dairy free meals. Checks were made concerning the serving temperature of food to make sure it was properly heated. Staff reported that they were able to access the kitchen at any time if people wanted a snack, including during the night. We observed people being supported by staff to use the kitchen in order to maintain independence. One person had help and support to make a Christmas cake. Another person who lived downstairs was observed going upstairs to make themselves toast in the kitchenette.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Referrals had been made to SaLT (Speech and Language Therapy) who deal with swallowing difficulties, falls clinics and to the district nurses when people who needed it. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, physiotherapists, hospital, mental health teams and other specialists when necessary. Relatives told us they were kept well informed about their family member's health needs. One person told us, "If I need a doctor I am taken up the road to my own doctor". One relative explained that they had been contacted to tell them their family member had fallen and was taken to hospital as a precaution. District nurses attended the service to provide people nursing care. People had seen an optician on a regular basis to check the health of their eyes. Where people had pressure areas, appropriate action had been taken. Body maps were used to show a clear record of the wound, however they had not always been updated to show how the wound was progressing and whether it had healed.

Systems were in place to ensure that people were supported to register with the local GP practice when they moved into the home. These systems were not always effective and timely. This led to delays in registering people with the GP which in turn had led to one person running out of two medicines which they had been prescribed by their previous GP. The staff told us they repeatedly telephoned the local surgery to chase up the new prescription for the person and we saw that faxes had been sent from staff to the surgery to arrange medicines to be delivered for the person.

Two people received insulin injections on a daily basis. Several of the staff were trained to do this for people and had been trained and assessed as competent by the specialist nurse for diabetes. However, some of the staff who had been trained had now left the home and this left some days where there were no staff to administer the insulin. The champion for diabetes ensured that the district nursing team were contacted so they could visit and administer the insulin for people. The champion showed us their resource file with all the details of the insulin and blood sugar monitoring that took place to keep people safe and ensure they received the correct dosage of insulin at the right time.

Is the service caring?

Our findings

People told us that the staff were kind, caring and friendly. Comments included, "It is like they're all family, after twenty one years living here you can't get on with everyone all the time"; "The staff all know what I like and more importantly what I don't like, they do care about us"; "It is a nice place really, I know who to talk to when I want company and where to go to when I do not"; "They always knock on my door before coming in and sometimes I don't hear so they have to knock again loudly but they will wait until I am ready" and "Staff are very kind and caring. You get the odd one who is a bit aggressive and impatient but I give them what for".

Relatives told us that their family member's received good quality care from staff. Comments included, "Staff are nice to her"; "All [staff] are very polite"; "She's safe, clean and well dressed"; "The girls [staff] like him" and "Staff always make a fuss of her, they do with everyone. They give her a cuddle".

Some people commented that the staff are very busy and sometimes don't have time to talk with them. People said, "Sometimes they are too busy to help me and sometimes they are too busy to talk to me"; "I would like more visitors but I don't get them so the staff will look after me. They don't always have the time and sometimes they will brush me off but not too often"; "They're very thoughtful really but I know they are busy so I don't like to make a nuisance of myself or they tick me off" and "I wouldn't say I am really cared for, they don't really talk to me, I would rather go home but of course I can't. I would rather be on my own as they don't talk to me and always say they are busy". This meant that some people felt they were not treated with dignity and respect.

We observed friendly and compassionate care in the service. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. The staff were respectful and caring towards people. We witnessed one person being helped to get to the toilet in hurry as they were becoming agitated, this was done in a quiet, appropriate and respectful manner. Another person needed their trousers pulling up and fastened and this was done quietly without bringing attention to them. We also observed a person become tearful. A staff member recognised this and was kind, spoke in a soft voice; asked the person about their troubles. The staff member cheered the person up and went to get them a cup of tea.

The atmosphere in the home was relaxed and calm. There was lots of laughter and jolly but respectful banter between people and staff. There was good interaction between staff and people and time was taken to chat and have a conversation.

People's rights were protected. Staff respected people's privacy. People were able to personalise their rooms as they wished. The staff knocked on the bedroom doors before entering and waited for a response, then quietly asked if it was alright to enter. Personal care provided to people was given in private behind closed doors and with the curtain pulled. Staff spoke politely and respectfully when addressing people.

Staff built good relationships with the people they cared for. This resulted in people feeling comfortable and relaxed. People responded well to the quality of their engagement with staff. People could choose to stay in their rooms, chat to others in the lounges and dining rooms. Staff supported people in a calm and relaxed

manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. For example, one person was agitated and disorientated. They repeatedly talked about things they felt unhappy about and things they wanted. Staff were kind and patient and engaged the person in discussion and did this in a sensitive way to support and encourage the person.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal care records were stored in locked offices. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People's right to consent to their care was respected by staff. People had choices in relation to their care. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. Daily records evidenced where people had refused care, support and meals. Staff confirmed they sought people's consent before they provided care for people. This meant that staff understood how to maintain people's individuality and respect choice.

People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome. One relative said, "I visit nearly every day". Another relative told us "I go at different times"; "I phone every day and ask about mum" and "I go at any time".

Handovers between staff going off shift and staff coming on shift took place to ensure that staff had up to date information about people. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. Appointments and reminders were logged in diaries. Staff told us that they made time to read back in the diaries and communication books if they had been on leave so they knew exactly what had happened whilst they had been away.

People's religious needs were met. The activities staff member told us that there a regular church service took place in the home.

Is the service responsive?

Our findings

At our last inspection on 05 and 07 April 2016, we identified breaches of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people received appropriate care and activities that met their needs and reflected their preferences. The provider had failed to act on feedback from people. The provider sent us an action plan which stated they would meet Regulation 9 by 04 July 2016, they later revised this to 27 September 2016 and they planned to meet Regulation 17 by 13 June 2016.

At this inspection we found that care plans and documentation to ensure people received appropriate care needed further improvements. Improvements had been made in relation to acting on and listening to feedback from people, however further improvements were required.

People told us they had things to keep them occupied. Comments included, "If I want to go into the lounge I am able to but today I don't feel like it so I won't but at least I know I can. I like to sometimes be quiet in my room with the door open so I can see the comings and goings"; "We are always asked to join in here if we want to, just because we don't want to doesn't mean it's not good"; "I like to get out and about and we do when it is warm enough but not now" and "I enjoy a walk and art work". Some people told us about attending a local day service which got them out in the local community and meeting people.

Relatives told us that their family members had opportunities to attend activities. Comments included, "I don't know if there's enough to do. She does bingo and television"; "He has his TV, goes for meals, goes to the sitting room, watches TV and sleeps a lot. He's happy. Staff regularly ask him if he wants to join in" and "They do quite a bit [activities] she doesn't want to do much, she sleeps a lot but does dominoes, reminiscing, quiz and sometimes goes out in the car". One relative explained that before their family member moved to the home they tried it out first by having a short respite stay which enabled them to make an informed choice about whether they would like to live at the home. They said, "She liked it and she's happy".

The activities schedule showed that planned activities included weekly bingo, exercises, weekly shopping trips, weekly 'residents' meetings and trips out for tea/coffee. The activities schedule was on display on a notice board downstairs but not seen upstairs. The activities schedule was in written print only, there were no pictures to help people understand what was on offer. The activities staff planned some in house activities such as arts and crafts, giant board games, bowling, quizzes, and listening to music. On the day of the inspection people were making paper chains to decorate the home for Christmas. The activity was relaxed, friendly and fun. Lots of people joined in and were seen smiling, singing and laughing. People in their rooms were encouraged to come and join in with activities. The activities staff told us that "Volunteers come in Wednesday and Thursday". They explained that one volunteer takes people out and one works on a one to one basis with people. Some people had painted hand and toe nails which staff and volunteers had done. A range of activities had been arranged for the festive period which people were looking forward to.

Some people were supported to be part of their local community and some attended a local day service.

Some people took themselves off to the local shops, pub, betting shop or to the beach. One person explored Kent using their bus pass. People told us they used the garden in the summer, which they enjoyed. One person said they enjoyed going, "For a walk along the front if someone takes me". Another person said, "There are more outings in the warmer summer months as it is just too cold now".

At the last inspection we found we found that care files contained generic paperwork which was only completed in relevant places for people. Which meant it was difficult to find information quickly and easily and there were a lot of blank forms which were not necessary for each person. Some care files contained conflicting information. Life histories were not in place for all people. At this inspection we found that care files had not improved sufficiently. The registered manager told us they had been working hard to make improvements and had changed the layout of the care files to make it easier to find information. The files we looked at were in a poor state, there was lots of missing information and misfiled information. It was difficult to understand how to provide care for people with the information that had been provided. One person's personal care plan did not detail how staff should support them with washing, bathing, showering and dressing. The person had high personal care needs and required assistance. The care plan only detailed that staff should put towels in the persons room. This person also did not have a care plan in place relating to social history, activities and life history. One person's file detailed that they had a diagnosis of dementia. The dementia care plan and section within the file was blank. Life history information was also missing. The person was recorded as being diabetic, however the nutrition care plan did not detail whether there were foods they could not have because of the diagnosis. We spoke with registered manager about the files and they looked at some of the files we had viewed they agreed that there lots of issues, misfiled information and blank documents which shouldn't have been there. Some consent forms and files did not demonstrate that people had been involved in planning their care. However, some care files demonstrated that people had been involved with care planning, people had signed consent forms. One person told us, "My sons organise my care and if they're not happy they discuss it and I think get it changed".

The provider care plan policy stated that every person will have a care plan and that it would be reviewed monthly, reviews must take place with the person and a relative if appropriate. The care plan must be developed with a person centred approach considering peoples choices, preferences, abilities and support required. This policy was not being followed. Some care plans had been reviewed monthly; others had not been reviewed for some time. There was no evidence to detail that the plans had been reviewed with people and their relatives.

The failure to plan care and treatment to meet people's needs and preferences was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One care file we viewed was much clearer. It detailed that the person wanted to be supported to make as many choices as possible to keep their independence. The person told us they "Wanted to have as much independence as is possible until I lose the ability to choose". We observed that this person was involved in activities and tasks to encourage independence and keep busy. Staff told us they involved the person with folding washing and setting tables.

People who had previously been cared for in bed were now supported to get up out of bed on a regular basis. This enabled people to be stimulated and enabled them to engage with others. Staff detailed that they supported people when they were well enough. One staff member described how people had enjoyed their time out of bed. One person who required assistance with eating their meals when they were in bed could manage to eat independently when sat at a dining room table.

People knew who to talk to if they were concerned or who to go to if they had a complaint. We observed that

the complaints and compliments procedure was clearly displayed in the home. One person said, "I have never needed to complain, I suppose I'd just ask [staff member] and she would listen to me and I could complain all I want. Whether they act on it or not is a different matter". A relative said they had "I've never heard anything bad [about the service from their family member]". Another relative gave us examples of concerns they had raised with the service which had been resolved. The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the local authority and Local Government Ombudsman, who people could go to if they were not satisfied with the provider's response. There had not been any complaints since we last inspected the service.

The service had received compliments from relatives. One read, 'Thank you so very much for looking after my dad'. A second compliment had been received from a local authority care manager who had thanked the service for the support, cooperation and being proactive in a person placement at the home. The service had received a number of recommendations on the website www.carehome.co.uk. We checked and found that the home had received a number of positive recommendations in 2016.

At the last inspection we reported that the provider had failed to act on feedback received from people about their care. At this inspection we found that this had improved but further work was required. People's had been asked their views about their care. Surveys had been given to people in June 2016 which had gathered feedback about people's experiences of living in the home. Records evidenced that 21 surveys had been completed and returned. The surveys showed positive feedback. The provider had written to each person on receipt of their feedback to thank them and to detail what action they were going to take. People's views included, 'Happy with the service'; 'Very happy with the food'; 'Nothing to change with the meals – they are all lovely'; 'Always made to feel at home this is my home and carers are my family' and 'Carers always make sure I get what I need'. One person's survey stated, 'I would like to go out'. The provider had written a comment on the survey to state they would share this information with the activities coordinator. We spoke with the activities coordinator to see if this had happened. They were surprised about the request and were not aware of this person's feedback. However they told us that the person was regularly offered opportunities but they declined these.

One person had noted in their care file that they wanted help to write a Will. We checked with the registered manager. This has not been followed up.

We recommend that registered persons review systems and processes for responding to feedback gained.

People were involved in the running of the service. One person regularly assisted the registered manager with recruiting staff, they were involved with the interview. Other people assisted with tasks such as shredding, cleaning tasks, laundry and serving breakfasts.

Relatives had been sent surveys in April 2016 to request their feedback about their family members care. The registered manager had received 11 completed surveys back. The responses were mainly positive. Negative comments were received in relation to the length of time it took to be let in to the home. Another survey showed that a relative was unhappy about communication following an appointment and an issue with personal care. Records evidenced that this was responded to and dealt with. One relative had detailed that they were happy with 'The way my brother is treated here'.

The registered manager had developed a newsletter to tell people and the relatives about what was happening in the home. The first newsletter had been sent out. The registered manager planned to send these twice a year.

Records evidenced that people attended frequent 'residents meetings'. These were held on a weekly basis, one week they were held upstairs and the following week they were held downstairs which gave everyone an opportunity to join the meeting if they wished.

Is the service well-led?

Our findings

At our last inspection on 05 and 07 April 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service. The provider sent us an action plan which stated they would meet Regulation 17 by 13 June 2016.

At this inspection we found there had not been improvements to the quality monitoring processes in the service.

People knew the management team well. We observed that the registered manager and provider knew people's names and care needs and responded to people's requests throughout the inspection. One person said, "We can call for anything at any time of day or night".

Relatives told us the service was well managed. Comments included, "It's managed well, they are very good. They are very nice"; "It's running ok actually" and "I'm quite happy with the way things are".

At the last inspection we found that the provider and registered manager did not have effective audit systems in place. At this inspection we found that the registered manager and provider had audit systems in place within the home. The audits had failed to identify and action the areas of concern found during the inspection. For example, they had failed to capture that the recruitment records did not fully detail each employee's full employment history and reasons for gaps. The audits had not evidenced the concerns relating to risk management, odours, topical medicines records, staff training, mental capacity assessments, decoration and signage within the home and care plans.

The registered manager had completed a care plan audit on 19 August 2016. The audit had not picked up on the issues we found. The registered manager had completed an audit of one person's file and had noted the care plan had been fully completed and met the person's needs. We looked at the same care plan and found this not to be complete.

Health and safety audits had not been carried out. Therefore the provider and registered manager were unaware that essential room checks, quarterly showerhead cleaning and other essential works which were listed in the legionella risk assessment and report had not been completed for some time. The maintenance staff had not carried out an audit of bedrooms and communal areas of the home since February 2016. Monthly water temperatures were last taken and recorded on 13 September 2016, prior to this they had been completed 19 July 2016, 01 June 2016 and 07 January 2016. The shower heads were last cleaned and disinfected on 20 March 2016. Failure to carry out checks and audits of the home could lead to repairs going unnoticed, a poor environment and could lead to outbreaks of legionella.

The provider and registered manager had instructed an external company to carry out a comprehensive audit and mock inspection of the home. This had been completed on 25 and 26 October 2016 and the report had been received on 04 November 2016. No actions had been taken to address the issues reported.

Systems were in place to monitor all accidents and incidents. The registered manager checked completed accidents and incidents on a monthly basis to check for trends and look at ways to reduce future incidents. Action taken as a result of accidents and incidents was not always timely or evident which led to risks not being reviewed and mitigated.

Records were incomplete and inconsistent. People's care plans were not complete, people's food and fluid charts did not always record what they had eaten or drunk. Daily records did not reflect that people had received care and support detailed in the care plans. Many records read, '[Person] is their usual self' and '[Person] has been fine'. We spoke to the registered manager about poor recording of care provided they told us that they had been advised to exception based report only. We advised that the daily records need to detail what care and support has been provided. Bath and shower records were viewed which showed that people had been assisted with baths and showers on a regular basis when they needed it.

The registered manager and provider had notified CQC about important events such as deaths, serious injuries and safeguarding concerns. However they had not reported an incident where a person left the building and became missing. We discussed this with the registered manager, they told us that they had reported it and checked their reporting tool. They found that they had not done so. They told us this was an oversight, they told us they had reported a death to us which had occurred on the same day.

The management arrangements were not robust as the provider and registered manager did not appear to work together in a coordinated way to ensure that management tasks and actions from the previous inspection were completed. The registered manager had recently employed a deputy manager to help with the day to day running of the service, they were relatively new in post and the registered manager explained they were teaching the staff member what needed to be done.

The failure to establish and operate effective systems and processes to monitor the quality of the service and failure to maintain accurate and complete records was a breach of Regulation 17 (1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

The provider had displayed the rating of the last inspection in a prominent area so that people, visitors and relatives could view the rating given by CQC following the previous inspection.

The registered manager and the provider had attended a variety of provider and registered manager forums. These forums were in place to enable providers and registered managers to share information and good practice, provide each other support and tackle key issues. The registered manager told us that one of the improvements they had made was increasing the social presence of the service. They had launched the service on popular social networking sites.

Staff told us that communication between staff within the home was good and they were made aware of significant events. There were various meetings arranged for staff. These included daily shift hand over meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered

manager listened to them. Staff told us that all the staff worked well together as a team, we saw that when there was sickness or staff members were running late for work other staff stayed on to help out to ensure that there was adequate cover.

Staff were complimentary about the support they received from the registered manager and provider. They all told us that the provider and the registered manager were approachable and friendly and they felt comfortable talking to them about work and personal matters. One staff member said, "The bosses come round and ask us how we are". Another staff member said, "The owners and manager are really friendly, they have an open door policy. The team leaders are supportive".

Staff were all passionate and committed to their roles. Staff told us how happy they were and they enjoyed their jobs. Comments included, "I feel there is a good culture"; "I love the residents, they are the client group I really enjoy looking after"; "It's a lovely team, lovely location and the atmosphere is always happy and content". Staff dedication and commitment was evidenced throughout the inspection, from one to one contact observed, through to group activities. One staff member had even come in during their holiday to help a person make a Christmas cake.

The provider's website stated the aim 'Is to offer our residents the opportunity to enhance their quality of life by providing a safe, manageable and comfortable environment. In addition, support and simulation are given to help maximize residents' physical, intellectual, emotional and social capacity. In order to achieve our aim we recognise the following as basic values that contribute to the quality of life for our residents'. They listed the values as privacy, dignity, independence, choice, rights and fulfilment. Whilst we observed good practice from the staff providing care and support and saw that the values were deeply embedded into their work.

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 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager had failed to meet the requirements of the Mental Capacity Act 2005. Regulation 11 (1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out employment checks. Regulation 19 (2)(a)(3)(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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered manager and provider had failed to plan care and treatment to meet people's needs and preferences. Registered persons had also failed to monitor people's weights effectively to ensure people's nutritional needs had been met. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)(i)</p>

The enforcement action we took:

We served a warning notice and told the provider and registered manager to meet the Regulation by 17 February 2017.

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 manager and provider had failed to keep people safe as they had not assessed or mitigate risks to people's safety effectively. Regulation 12(1) (2)(a)(b)(d)(e)</p>

The enforcement action we took:

We served a warning notice and told the provider and registered manager to meet the Regulation by 20 January 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had failed to establish and operate effective systems and processes to monitor the quality of the service and failed to maintain accurate and complete records. Regulation 17 (1)(2)(a)(b)(c)(f)</p>

The enforcement action we took:

We served a warning notice and told the provider and registered manager to meet the Regulation by 17 February 2017.