Yara Enterprises Limited

St. Margarets Residential Home

Inspection report

5 Priestlands Park Road
Sidcup
Kent
DA15 7HR

Tel: 02083002745

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

St. Margaret's Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered to accommodate up to 20 people in one adapted building which has facilities including dining rooms and sitting areas. There were 18 people living at the home when we visited.

This unannounced inspection took place on 27 March 2018. At our last inspection of 10 February 2017, there was a breach of regulation relating to staff recruitment. The recruitment practices were not robust and safe. The provider sent us an action plan on how they would improve. At this inspection we found that the service had made the required improvement in this area. Recruitment practices were safe. Appropriate checks took place to ensure only suitable and staff deemed fit were recruited to work with people. However, we found two breaches of regulations of the Health and Social Care Act 2008. People's care and support was not person - centred and planned in a way that catered for their individual needs and requirements. The systems in place for assessing and monitoring the service were not robust and failed to identify the issues we found during this inspection. Information about people was not always clearly documented. The service obtained the views of people and their relatives but did not develop plans to make improvements following feedback received.

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

People's medicines were managed and stored in line with safe medicine administration and management guidelines. Medicines were administered as prescribed. Medicines records were completed as required.

Risks to people were assessed and management plans were available for staff on how to keep people safe from danger and to reduce risks to them. People and their relatives were involved in their care. Care plans were reviewed and updated as required. People's nutritional needs and dietary requirements were met

Staff were trained on safeguarding adults from abuse. They understood signs of abuse and how to report it in order to protect people. There were sufficient staff available and deployed properly to meet people's needs. Staff received training, support and supervision in their roles. People had access to healthcare services they needed to maintain good health. The service ensured people received consistent care when they moved between services.

The provider maintained health and safety systems, and carried out regular checks to ensure the environment continued to be safe. Staff were trained in infection control and knew the procedures to reduce

risks of infection. Records of incidents and accidents were maintained, and actions were put in place to reduce chances of incidents from happening again. People had equipment and adaptations such as grab rails they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave consent to the care and support they received. The service assessed people's capacity as required by the Mental Capacity Act 2005 (MCA) and obtained the Deprivation of Liberty Safeguards (DoLS) authorisation to ensure people were not unlawfully restricted. Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

Staff were kind and compassionate to people. They provided people with reassurance and comfort when needed, and treated them respectfully, maintaining their independence and dignity. Staff were trained in end-of-life care. People's end-of-life wishes were documented in their care plans, to ensure these were implemented appropriately. People were also encouraged to participate in activities they enjoyed. Staff had received equality and diversity training and respected people's differences and individuality.

The provider had procedures in place for managing complaints, and people and relatives knew how to raise concerns. The registered manager and provider worked in partnership with other organisations and services to develop and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff on duty to meet people's needs safely. Recruitment checks took place before staff started working with people.

Risks to people were assessed and management plans in place to manage the risks to keep people safe. Staff knew how to identify abuse and the action to take to ensure people were safe.

People received the support they required with their medicines. Staff managed and administered people's medicines safely.

Health and safety checks took place to ensure the home was safe. The home was well maintained and free from odour. Staff knew how to report incidents and accidents. The registered manager took actions to reduce incidents happening again.

Is the service effective?

Good

The service was effective. Staff received support to do their jobs. Staff were trained in their roles and showed they were skilled and knowledgeable. People's needs were assessed and staff knew how to support people with their needs.

People gave consent to their care and support. Staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People had access to a range of healthcare services to maintain their health and well-being. People received sufficient food and drink which met their nutritional needs. People had equipment and adaptations such as grab rails they needed.

Is the service caring?

Good

The service was caring. Staff interacted with people in a polite and positive manner. People were involved in making decisions about their care and staff respected their choices.

Staff maintained people's privacy and dignity. Staff encouraged people to be independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's individual needs and requirements were not being met. People's cultural and spiritual needs were not met. Care plans were regularly reviewed with people and their relatives.

Activities took place to engage and occupy people. People took part in activities they enjoyed. People were able to maintain relationships which mattered to them. People's end-of-life wishes were noted and planned.

People and their relatives knew how to complain if they were unhappy about the service. The registered manager had investigated and resolved complaints appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. There were a range of systems in place to monitor and assess the quality of service provided but these had not identified issues we found during this inspection. Information about people were not documented clearly and they were not readily accessible. No action plan was developed on how to improve the service following feedback received from people and their relatives.

People, their relatives and staff told us that the registered manager was approachable. Staff felt supported and valued at the service.

The registered manager and provider worked in partnership with other organisations to improve the service.

St. Margarets Residential Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 27 March 2018 and was unannounced. The inspection team consisted of two inspectors.

We reviewed information we held about the service which included notifications of events and incidents at the service. We also reviewed the action plan sent to us following our last inspection. We planned the inspection using this information.

During the inspection we spoke five people, four care workers, one team leader, the registered manager and provider. We looked at six people's care records, and 18 people's medicines administration records (MAR). We also reviewed five staff records and other records in connection with the management of the service including complaints records, health and safety information, records relating to the provider's quality assurance systems and the monitoring report from a service commissioner. We carried out Short Observational Framework for Inspection (SOFI) to check how staff cared and interacted with people. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection of 10 February 2017, we found that the provider failed to follow safe recruitment practices to ensure that staff employed were fit and suitable to work with vulnerable people. At this inspection we found appropriate recruitment checks had been carried out before staff started working at the home. Staff files we reviewed showed completed application forms that referred to their previous health and social care experience, their full employment history and their qualifications. The files contained satisfactory references, health declarations, proof of identification, right to work in the UK and criminal record checks.

There were enough staff on duty to meet people care needs. One person told us, "Yes there [are] plenty of staff here. I always see somebody here to look after us. If I use the call bell they answer me quickly." One member of staff told us, "There [are] always enough staff on duty. We are never rushed." Another member of staff said, "If we need extra staff the providers always make sure we get them. For example last year when some people's needs changed and we were finding it difficult they put an extra member of staff on the rota and they are still here now. That has been very helpful." The registered manager told us they arranged staffing levels and plan staffing rota based on people's needs. They told us if additional support was required for people to attend social activities or health care appointments, additional staff cover was arranged.

We observed people's call for assistance was responded to promptly by staff. Staff engaged with people and had time to stop and chat with them. We also noticed that people, who needed one-to-one support to undertake a task, received the support they needed. This showed there were adequate numbers of staff available to support people with their needs.

People were safeguarded from abuse. The home had procedures for safeguarding adults from abuse and whistle-blowing. People told us they felt safe and that staff treated them well. One person said, "Without a doubt I feel very safe living here. It's a lovely home." Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They said they would report any concerns they had to the registered manager. Training records confirmed that all staff had received training on safeguarding adults from abuse. One member of staff told us, "I would tell the manager if I had any concerns about poor practice. I know for sure they would report any safeguarding concerns to the right people. I would report safeguarding concerns to social services or the CQC if I need to."

People received their medicines in a safe way and as prescribed. One person said, "The staff help me with my medicines. I get them at the same time every day." Only trained and experienced staff administered medicines. We observed the team leader administering medicines to people in a safe and caring manner. People had individual medication administration records (MAR) that included their photograph, details of their GP, information about their health conditions and any allergies. There was individual guidance in place for staff on when to offer people as required medicines (PRN). MAR records had been completed in full and there were no gaps in recording.

Medicines were stored securely in a locked trolley. Medicines were stored in the fridge where they were required to be. Room and fridge temperatures where medicines were stored were monitored daily and these were within the correct range for medicines to remain effective.

Controlled drugs were managed and stored with extra safety measures in line with relevant policies and procedures. It required two staff members to administer and sign for them at all times. Weekly medicines audits were carried out and there were no concerns with records we reviewed.

The home was, clean and tidy and free from any unpleasant odour. We observed domestic staff cleaning the home during our inspection. Staff told us that personal protective equipment was always available to them when they needed it. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available and was being used by staff throughout the home. Training records confirmed that all staff had completed training on infection control and food hygiene. Records showed that infection control audits were carried out on a regular monthly basis.

People were kept safe from activities and conditions that threatened their health and well-being. Senior members of staff conducted assessments of risks covering areas including physical and mental health, moving and handling, skin integrity and malnutrition. Management plans on how to reduce identified risks to people were in place. For example, one person who was at risk of choking had a pureed diet to reduce the risk. Staff also knew to place the person in an upright position and ensure they were fully alert when they were eating. People at risk of developing pressure sores had pressure relieving mattresses and cushions in place to reduce the risk. This equipment was checked daily to ensure they had the correct setting to maximise the benefits of using them. One person had the involvement of a district nurse who visited twice a week to monitor and dress their pressure sore. Moving and handling plans were available where people were at risk. The plans provided staff guidance on how to safely transfer people who required support. Appropriate equipment was available where needed and staff knew how to use them. Staff confirmed they had completed training in moving and handling and felt confident performing moving and handling duties. This showed risks associated with people were managed safely.

People had Personal Emergency Evacuation Plans (PEEP) in place which identified their needs, their ability to respond in the event of a fire, and the support they may need to evacuate safely. Staff were aware of actions to take in emergency situations such as a fire to keep people safe.

Staff knew how to report incidents and accidents and records were maintained for these. Staff told us that incidents and accidents were discussed at daily handovers and at team meetings and they took action to reduce the likelihood of the same issues occurring again. For example the providers had recently put sensory mats in place in some people's rooms to reduce the risk of falls. Risk assessments were also reviewed and updated following incidents. Where necessary, people were referred to their GP or falls clinics for advice.

The service was safe and well maintained. There was an up-to-date fire risk assessment in place and actions were completed. The fire brigade had also conducted an inspection recently and there no concerns noted. The provider had external contractors who maintained and serviced the fire management systems. There were up-to-date certificates that confirmed compliance with gas safety, electrical installation, legionella, water management and portable appliances.

Good

Is the service effective?

Our findings

The service completed an assessment of people's care before they moved into the home. This enabled them to ascertain if they would be able to meet people's needs. Ongoing assessment continued to be undertaken as and when required to establish what people's needs were. Assessments covered people's physical, mental health conditions, skin integrity, nutrition, falls, mobility, personal care, social needs, and behaviours, religious and cultural needs. The service used scoring tools such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs and support needed; and the Waterlow assessment tool to establish people's needs with regards to maintaining their skin integrity. Based on the scores and needs identified, care plans were developed on how those needs would be met.

Staff were inducted when they first started; and were trained to be effective in their roles. One member of staff said, "I completed an induction when I started work and I am up to date with all of my mandatory training." The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. This was confirmed with the staff we spoke with. We saw a training matrix confirming that staff had completed training the provider considered mandatory. This included fire safety, safeguarding, food hygiene, infection control, first aid, moving and handling, health and safety, Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had also received other training relevant to people's needs for example dementia awareness, equality and diversity, dignity and respect in care and fluids and nutrition. One member of staff told us, "The moving and handling was good; I learned how to use hoists correctly and safety."

Staff were supported and supervised in their roles. All staff we spoke with told us they felt supported by the registered manager, senior staff and provider. Records seen confirmed that all staff were receiving regular supervision and an annual appraisal of their work performance with their line manager.

Staff obtained consent from people before delivering care and support. Staff were aware of the importance of seeking consent from people. A member of staff told us, "I always respect people's wishes. I would not do anything for someone unless I asked them if it was okay with them first. I wouldn't force anyone to do anything if they didn't want to."

The 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider ensured all staff had been trained in the MCA. People's capacity to make decisions was assessed. Relatives, relevant professionals and advocates were involved as required to support people make best interest decisions about their care and support. Staff understood their responsibilities to ensure people consented to their care and support before they were given. People had lasting power of attorney and appointeeship in place where needed.
The registered manager made applications to the local authority for DoLS authorisations where required, to ensure people's rights and freedoms were not restricted unlawfully. However, we noted two out of the four DoLS authorisations we reviewed were out of date. One expired on 12 March 2018 and the other on 20 March 2018. The registered manager told us that they had submitted a renewal but there was no evidence to support this. Following our discussion with them they contacted the local authority and submitted an urgent application.

People's nutritional and hydration needs were maintained. People told us the food on offer at the service met their needs. One person said, "They do nice food here, if you want more you can have it." Another person told us, "There are no problems with the food, it's very nice indeed."
A third person commented, "The food is alright, it's edible and satisfying. The staff will cook something else for me if I don't like what they give me." Staff knew people's nutritional needs and preferences and ensured these were followed. The menu had options for people to choose from. The chef received a list every morning with people's choices and any special orders in line with people's dietary requirements and nutritional needs.

We observed at lunchtime that people were offered choices of what to eat and drink. Staff supported people as required, for example by cutting up their food and assisting them to eat. People had pureed food in line with their dietary requirements and vegetarian options in line with their cultural requirements. Staff interacted with people and encouraged them in a gentle manner to eat. The atmosphere was pleasant and relaxed. People were offered extra portions if they wanted more. Staff offered drinks, snacks and fresh fruits to people at regular intervals throughout the day.

People's care and support were organised and coordinated in a way that ensured their needs were met effectively. People's care records contained a 'hospital transfer form' which contained relevant information about the person's physical health, medication, GP and next of kin details. Staff told us this form was handed over when people moved between services. For example, if they were being taken to hospital. This enabled continuity and consistency in care and support.

People had access to various healthcare services to maintain their health and well-being. We saw records confirm the involvement of healthcare professionals such as G.P's, district nurses, diabetic nurses, dentists, dieticians, and chiropodists. One person was visited by the district nursing team to treat their pressure sores. Another person had the input of a speech and language therapist (SALT) to look after their speech and swallowing difficulties.

The environment had adequate adaptations and was suitable for people. People had communal areas for them to relax and spend time with their visitors. We saw that the toilets and bathrooms had equipment such as grab rails to assist people with transfers. There were wheelchair accessible facilities available. There were call bells available at strategic locations so people could use to call for help in emergency. People's rooms were personalised to their individual requirements.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments about staff included, "The staff are very nice, and they can't do enough for me. I don't even have to ask and they will help me.", "The staff are alright, they are caring and helpful. I can't think of a single member of staff here who isn't nice", "The staff are very good, and they attend to all of my needs. They make a terrific effort to keep the home running properly. They have a very nice way of treating people." And "The staff are very, very nice and very helpful. They are decent and thoughtful. Pointing to one member of staff, they said, they are lovely and don't fuss around. They are the right sort of person for this job."

We observed good interactions between people and staff. Staff spoke to people politely and pleasantly, addressing people by their preferred names and asking them how they were. The atmosphere was relaxed and friendly.

Care records included information about people's preferences of how they wanted to be cared for; and involvement in making decisions and planning their care. For example, care records detailed people's likes and dislikes and interests and how they wanted to be cared for by staff. We observed staff involving people in making day to day decisions about their care. Staff asked people where they wanted to sit, what activities they wanted to do and how they wanted a task done. We saw staff respond appropriately to people's choices and decisions.

Staff were knowledgeable about the people they were supporting. They were able to tell us about people's individual needs and what they did differently for each person. For example a member of staff told us how they supported people with eating and drinking and another member of staff told us in great detail how they supported various people with moving around the home. We observed staff reassuring one person who was becoming anxious as their friend who they liked to sit with them on the dining table during lunchtime hadn't turned up. Staff gave told them about the person's whereabouts and told them the person would join them soon. They also spent time with the person to keep them company while they waited for their friend.

People's privacy and dignity was respected by staff. One person using the service told us, "The staff are very good. They take their time with me. I can do some things for myself and they help me with the rest. They always do things privately and make sure the door is closed when I am having a wash or getting dressed." Another person said, "The staff respect my wishes for privacy. If I want to spend time in my room to read or watch telly they don't disturb me. They would just ask if I needed something like a cup of tea."

Staff told us how they ensured people's privacy and dignity. They said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. We observed staff knocking on people's doors before entering their rooms and closing the doors and curtains when supporting people with personal care. Staff also told us that they tried to maintain people's independence by supporting them to manage aspects of their care that they could. One member of staff told us, "I always ask people if it's okay with them before I do anything and explain what I am doing as I go along. I cover people up when I provide personal care so that their dignity is maintained. If staff or family

members knock on the door I ask them to come back when we have finished."

Requires Improvement

Is the service responsive?

Our findings

There were care plans in place to guide staff on how to meet people's needs. Care plans covered a wide range of areas such as people's physical and mental health, social needs, mobility, skin care, communication, personal care, interests, and nutrition. Care plans were reviewed regularly to reflect changes in people's circumstance. However, we found that people's cultural and religious needs were not being met. Four out of the six people's care records we reviewed showed they had a religious belief which was important to them. They had been involved in their faith before coming to the home. The service had not explored ways or supported people with such backgrounds and interest to maintain and fulfil this area of need. One person's personal profile stated clearly how involved they were in their religion, the role they played and how important it was to them. The care plan in place for them acknowledged that religion was important to this person but failed to explore how this would be supported. Instead it stated, "… [Person name] is unable to follow this anymore due to their dementia." Another person who had expressed an interest in their religion had a care plan which stated they were unable to do this anymore due to pain and being cared for in bed. This was consistent with the care plans we reviewed in relation to supporting people to maintain their cultural and religious needs. We were concerned that this aspect of people's need was not being fulfilled.
This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this as a concern to the registered manager and provider. They agreed to look into this immediately. We will monitor this at our next inspection.

People participated in various activities to stimulate and occupy them. The service had an activities coordinator who coordinated and facilitated activities for people. People commented, "The activities are alright. I like the games and puzzles. A lady reads books with us and gets us all interested in things. I think they do a lot really." Another person said, "To be perfectly honest there are things to do but I like just to spend time with my friends talking." The activities on offer included for both individuals and groups. On the day of our visit people had a pampering and beauty session. They had the hair dresser visited to do their hair; and pedicure and manicure done if they wished. People talked about how relaxing and enjoyable it was for them. Those who were cared for in bed had one-to-one pampering time too.

Other activities people had participated in recently and had planned included games, puzzles, musical performances, poetry, sing-alongs, and celebrations of festivals, feasts and events such as St Patrick day, Christmas, barbecue parties, birthday celebrations and various occasions at the home. There was a musical performance scheduled to take place during the Easter period. People told us they were looking forward to it.

People were supported to maintain relationships that mattered to them. People had their friends and family visit them as they wished. Staff told us that they assisted people to make contacts with their friends and family. People confirmed that their relatives were allowed to spend private time in people's rooms or in communal areas.

People told us they knew how to raise their concerns and complaints if they were unhappy with the service. One person told us, "I would tell staff or the manager if I needed to complain but I have never needed to. When I am not happy with something they always sort things out for me."
Another person mentioned, "I would tell staff or the manager if I needed to complain. I am sure they would look into it for me and get back to me."

The service had a complaints process in place which was effective. The complaints records showed that the registered manager had addressed complaints received in line with their procedure. They had investigated and provided a response to the complainant. The registered manager had worked with the local authority to address issues raised.

People's care files included a section on their future wishes including the support they required at the end of their lives. The registered manager told us that when required advice was always available from district nurses, the GP and a local hospice to support people with end of life care. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives and their GP to ensure people's end of life care wishes would be respected.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to assess and monitor the quality of service but these were not robust and effective to identify shortfalls in the service so improvements can be made. The registered manager conducted audits such as falls, infection control, DoLS, care records, medicine management, staff training, supervision, health and safety; and observation of care provided to people. However these did not pick up issues we found during this inspection. We found that two people's DoLS authorisations had expired and there was no evidence that an application had been made for their renewal before our visit. We also found that care plans did not fully demonstrate how people's identified needs would be met in all areas. The registered manager had not picked up that people's needs in relation to their religious and cultural needs were not being met.

The service had conducted a survey in October 2017. The survey results showed that some aspects needed to improve. For example, 50% felt staff did not treat people with respect. 30% felt people were not always well-dressed. The registered manager had not developed an action plan on how these areas would be addressed. We discussed this with the registered manager and they told us they agreed to develop an action plan to improve the areas of concerns.

In addition to the issues we have identified above, we found that care records were not always clear and well-documented. For example, information about one person's history and background was scribbled on sheets of paper and filed in-between other documents. It was not accessible or kept in a manner that showed its relevance. We also found that care plans were not recorded in a way that made the information accessible and easy to follow. For example, information on how to manage risks of falls was contained in several documents making it difficult to find. We discussed this matter with the registered manager and they said they would review their records and the way they documented information.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who had managed the service for several years. They understood their role as registered manager including their responsibility to notify CQC of significant events at the service. People told us they were happy living at the home and that the registered manager was available and listened to them. One person said, "This is a nice place and it is well run. I can't imagine anything going wrong because the manager and providers are always here." Another person told us, "I see the manager here all the time. I can talk with them when I want, they are very friendly." A third person commented, "I know those in charge. They are caring and always come to check if I am ok." All the people we spoke with knew the register manager and providers and told us they were involved in running the home.

Staff told us they were well supported by the registered manager and providers. One member of staff said, "The registered manager is very understanding and has been really supportive to me. I can talk to them or the providers about anything at any time I want. We have good staff and the team work is very good." Another staff member commented, "I love working here. We have a very good team and we are all well

supported by the registered manager and the providers." The registered manager held regular meetings with staff to discuss the care provided to people and other matters relating to the service. Staff told us these meetings offered them opportunity to discuss any issues they might be facing and how to improve care provided to people. All staff said there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it.

The registered manager worked in partnership with the local authority commissioning team. The local authority monitoring team visits the service periodically to monitor the quality of service provided to people. We reviewed the report from the last visit; issues picked up were similar to what we picked up during this inspection. The registered manager told us they were in the process of completing the actions set out. We saw a report and the provider's action plan following an infection control audit carried out at the home by the Clinical Commission Group in October 2017. The action plan confirmed that most of the actions had been completed for example, an infection control lead had been appointed at the home, staff had completed further training on infection control training, the homes infection control policies and guidelines had been updated and hand sanitizer was made available for staff all around the home.

The registered manager and providers attends the local authority provider's forum. The registered manager talked about how attending these forums had developed their experience and practice. They said they were able to share learning and practice with other managers of similar service and they provided support to each other.

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 People's care and support was not planned and delivered in a way that met their individual needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess and monitor the quality of the service were not effective and did not pick up shortfalls in the service.