

Santa Bapoo

Santa Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Santa Care Home is a care home providing accommodation and personal care for up to four adults with learning disabilities or mental health needs. At the time of the inspection, three people with mental health needs were using the service.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

Right care

Systems to protect people from the risk of infection were not always effective. We found that, apart from the kitchen, the home required deep cleaning and repair.

There were systems to manage risk and keep people safe. However, these had failed to identify some safety issues. Risk assessments were in place, but these were not always reviewed and updated.

There were systems in place to monitor the quality of the service but these were not always effective as they had failed to identify where improvements were needed.

Medicines were managed safely and people who used the service received these as prescribed.

There were enough staff to support people and meet their needs. Staff were recruited appropriately, and all checks were in place. Staff received an induction, training and supervision and felt supported in their roles.

Right support

People who used the service did not always receive the right support and were not always supported in a person-centred way and given choices. People were not always supported to maintain their independence.

People's healthcare and nutritional needs were met. People were supported to access healthcare professionals and to attend appointments as needed.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans.

Right culture

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

Staff told us they were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

Rating at last inspection

The last rating for this service was good (published 13 February 2018). The rating for the service had changed to requires improvement.

Why we inspected

We carried out this inspection based on the date of the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Santa Care

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Santa Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Santa Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and observed care and support. We spoke with the support worker on duty. The registered manager and deputy were unable to attend the inspection. We viewed the care records for all three people and three staff files that included recruitment, supervision, appraisal and training records. We also looked at medicines management for all three people and records relating to the management of the service including service checks and audits.

Following the inspection, we tried to obtain feedback from relatives but were unsuccessful. We received feedback from two staff members. We contacted two healthcare professionals by email but did not receive a reply. We looked at a range of documents sent to us such as audits, risk assessments, meeting minutes and care records.

Is the service safe?

Our findings

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

At our last comprehensive inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There were systems in place for managing risk and keeping people safe. However, these had not always been effective. During our check of the environment, we found some areas of concern.
- In a person's bedroom, we saw by the windowsill an internet connection no longer used which was protruding from the wall and had a screw sticking out. There was also a nail sticking out of a makeshift repair of the radiator cover in the dining area. This posed a risk of injury to people.
- Environmental and individual risk assessments and support plans were available. However, these were not always regularly reviewed and updated. For example, COVID-19 risk assessments had not been amended in line with government guideline. The deputy manager told us they would update these without delay.

We found no evidence that people had been harmed, however, failure to assess, monitor and mitigate risks placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the provider to address the safety risks we found immediately after the inspection and received evidence they did this.
- Notwithstanding the above, we saw evidence that appropriate measures were in place to mitigate risks where these had been identified, such as risks to general health and the person's ability to complete tasks related to everyday living such as personal hygiene, eating and drinking and communication.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- There were cleaning schedules in place which were recorded daily. These included the cleaning of high-touch surfaces. However, we saw evidence these were not followed as expected.
- A person who used the service invited us to see their bedroom. We found some areas of concerns, such as the wardrobe door falling off, dirty walls and windowsills. There were broken wall tiles in their ensuite bathroom and the extractor fan was dirty.
- Apart from the kitchen, most of the home needed a thorough clean. All skirting boards around the house were dirty and dusty. The toilet upstairs did not have soap or a towel, and the hot tap did not work. The deputy manager explained this was out of order and people and staff used the bathroom to wash their

hands. However, there were no signs to state this. They assured us they would address this without delay.

- The furniture in the lounge was worn and appeared unclean. The deputy manager told us new furniture was on order and they were planning to re-decorate the whole house.
- We also noticed the support worker on duty had long painted nails. We fed this back to the deputy manager who told us they would address this with them.
- There were regular cleaning audits undertaken, which looked at every area of the home but these had not identified or addressed issues we found during this inspection.

We found no evidence that people had been harmed, however, failure to keep the environment clean and hygienic may put people at risk of infection and contamination. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People who used the service were supported to be visited by friends and relatives as they wished.

Staffing and recruitment

- According to the rota we viewed, there were enough staff on duty at any one time to meet the needs of the people who used the service. However, there was no dependency assessment to assure us that the staffing levels set were sufficient to meet people's needs. On the day of our inspection, there was only one support worker on duty, although another member of staff came on in the afternoon to support people. We saw evidence that the deputy manager or the registered manager were usually in the building daily.
- We saw there was only one sleep-in staff on duty during the night. We asked the deputy manager what would happen if a person required support or felt unwell. They told us people normally slept well and did not allow staff to enter their rooms at night.
- The deputy manager told us they would discuss this issue in their staff meeting and decide on a course of action to improve this. They informed us later that a call system would be installed within days to help ensure people could alert staff if they required support during the night.
- We looked at recruitment files for three staff members and saw all checks had been carried out. These included obtaining references from previous employers, reviewing the person's eligibility to work in the UK, checking their identity and ensuring a Disclosure and Barring Service (DBS) check was completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed. There was an up to date medicines policy and procedure in place. The staff received training in the administration of medicines and had their competencies assessed.
- One person received their medicines in a dosette box. However, because there was no description to identify each tablet, there was a risk, if a tablet was missing, refused or found, the staff would not know what it was. We discussed this with the deputy manager who showed us evidence following the inspection, that they had discussed this with the pharmacist and obtained a description for each medicine.

- We looked at the medicines administration record (MAR) charts for all the people living at the service. All were completed appropriately, and staff signed for each administration.
- The medicines were kept in a locked cupboard which was tidy and clean. We checked if the staff signatures to evidence they had administered the medicines tallied with the number of tablets in their boxes and found this to be correct.
- The provider carried out monthly medicines audits and these had not highlighted any concerns. They also recorded the temperature of the room where medicines were kept, and this was found to be within safe

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy and procedure in place. All staff received training in safeguarding adults and training records confirmed this.
- The staff knew what to do and who to contact should they have any safeguarding concerns about people who used the service. There had not been any recent concerns.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider had systems in place for the management of incidents and accidents which occurred at the home. However, there had not been any recently.
- The deputy manager told us they believed improvement came from strong leadership with a focus on continued quality improvement. They said, "Foremost, we must listen to our residents in order to meet their needs and improve their care." They added, "We keep learning and improving from the feedback and experiences of our residents, visitors, local authority and CQC inspectors. This is can be achieved through our annual QA surveys, house meetings or in private discussion."

Is the service effective?

Our findings

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

At our last comprehensive inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The environment did not always meet people's needs. Overall the décor was tired and needed updating.
- Some of the furniture was in poor condition and did not look clean.
- There were areas which needed repairing. For example, the wardrobe door in one of a person's bedroom, and the radiator cover in the dining area. There were also some safety issues which were mentioned earlier in this report.
- The home was quite spacious and there was enough room for people to move around freely and have their own space. However, communal areas were bare, lacked colour and there were no objects or pictures of interest. People had their own objects and were able to personalise their bedrooms.
- We discussed these issues with the deputy manager who explained that new furniture was on order, and the whole home was due to be redecorated shortly. They provided evidence of this. They added the person whose wardrobe door was broken said they did not want a door and had requested to have this removed, and this had been acted on.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service, to help ensure these could be met. However, there were no separate records of initial assessments as these were written up as care plans. We discussed this with the deputy manager who told us they would address this going forward.
- We saw these documents contained the necessary information about the person, such as their healthcare needs, communication needs and how the person wanted their care needs to be met.
- People's care plans contained personal details including allergy status, current diagnosis, medicines prescribed, and important contact details. They contained a comprehensive history of the person and their needs in all areas of their lives.
- Care plans listed the person's specific needs and how staff were to meet these in line with their wishes and choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. The deputy manager assured us people were consulted about what they wanted to eat. However, on the day of our inspection, the support worker on duty told us, "We see what we have in the fridge and decide what to cook."
- We fed this back to the deputy manager who provided evidence of consultation with people in relation to

meal choice. They told us they would meet with staff to discuss this.

- People's care plans specified their dietary preferences. We viewed the menus for October and saw a range of meals were cooked in line with people's choices. This included meals from people's cultural background.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and regularly supervised.
- New staff followed an induction process which included terms and conditions of employment, training, code of conduct and health and safety within the home. A member of staff commented, "I had a very good induction and lots of support from managers."
- New staff were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff also received training specific to the needs of people who used the service, such as diabetes, dignity and respect, oral health and end of life care. We saw evidence staff training was up to date and regularly refreshed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded and met.
- People's medical needs were recorded in their care plans and included guidelines on how to meet these. For example, one person had a chronic condition which required twice daily visits from a district nurse, and we saw these took place. Their condition also had an impact in other areas of their health, and we saw they received appropriate support from all relevant healthcare professionals.
- Risk management plans in relation to people's conditions included information about the condition, and how to recognise symptoms and signs the person was becoming unwell, and how to manage this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where possible, people had signed their records to indicate they were consulted and agreed with the content of these. The staff told us they asked for people's consent and were respectful of their choices.
- We found the provider understood the principles of the MCA and had followed its requirements. At the time of our inspection, nobody was being deprived of their liberty.

Is the service caring?

Our findings

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

At our last comprehensive inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service were not always supported in a person-centred way and were not always given choice.
- On the day of our inspection, we did not see the member of staff on duty interact with people, unless it was to give them their medicines, food or drinks.
- Whilst we were looking at people's medicines in the dining area, the member of staff sat on the edge of the sofa near people, but did not attempt to communicate with them, or engage them in an activity.
- People were not always consulted and given choice. For example, on the day of our inspection, we saw the member of staff on duty preparing cheese and pickle sandwiches for all three people. We did not see them asking people if they were happy with this or preferred something else.
- The member of staff told us they consulted people about what they wanted. However, during lunchtime, we saw them bring people their food and a drink. We asked if the drinks offered were people's choice. They admitted they had not asked them if that's what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People were not given a choice of what to do during the day. The TV was on constantly showing morning programs which nobody seemed interested in. People had nothing to do to occupy their time and either sat on the sofa or walked from the lounge to their bedroom and back. They were not supported to take part in day to day tasks or asked if they wanted to do something specific.
- People's care plans recorded their skills and the things they could do for themselves. However, they were not supported to maintain their independence on the day of our inspection.

We found no evidence that people had been harmed, however the support people received did not always meet their care needs or reflect their personal preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an 'Equality and diversity' policy in place. Staff received training in this and understood how to support people according to their individual characteristics. The provider told us they were not currently supporting people from the Lesbian Gay Bisexual and Transgender (LGBT+) community. However, they told us they were supporting people from different cultures and religions and supported them with their individual needs. The care plans we viewed confirmed this.

Supporting people to express their views and be involved in making decisions about their care

- People had regular opportunities to be involved in the service development. There were meetings organised for them to participate in and share their views.
- We viewed the minutes of the last meeting, and saw people were consulted about what they wished to do, their food preferences and activities they wanted to participate in.
- The deputy manager told us people were consulted via quality questionnaires. However, they were unable to provide evidence of this as they explained documents had been damaged. They assured us they were planning to conduct another survey before the end of the year.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

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

- Although the deputy manager assured us people were supported to undertake activities of their choice, on the day of our inspection, we found people had nothing to do and the staff did not support them to engage in any activities.
- The support worker told us people were supported to go out to places of interest, such as the local town and coffee shop. However, they added they had to call for another member of staff to support outings. This meant people could not go out spontaneously.
- The deputy manager told us there was always two staff on duty from 11am onwards so outings could be organised daily. The rota confirmed this.
- We looked at the diary which stated that the day before the inspection, people were going out for a walk. We asked the support worker if this had taken place and they said it had not because, "People did not want to go." People's daily notes indicated they went for occasional walks with the staff but apart from this, there were no other outings organised and activities were few.
- During our inspection, the only engagement for people was to watch TV. The member of staff did not spend time with people or suggest playing games or support people to undertake household tasks.

We found no evidence that people had been harmed, however the support people received did not always meet their care needs or reflect their personal preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care and support needs were recorded in their care plans. However, we could not be sure that information on people's care plans was always correct or up to date. For example, one person's care plan, reviewed in January 2022, specified the person lived with their best friend and liked to go out with them. However, when we asked the staff on duty, they had no knowledge of who this person was.
- We raised this with the deputy manager who explained the person referred to as the best friend no longer lived at the home. However, they had not updated the person's care plan to reflect this change. They told us the person was supported to go and visit their best friend whenever they wished. Following the inspection, we saw evidence the document had been updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communications needs were assessed, recorded and met. Care plans specified people's preferred mode of communication and how staff should meet these.
- When people required support in relation to their communication needs, we saw evidence the staff took appropriate steps to make this happen. For example, one person rarely spoke, and the staff had attempted to seek speech therapy for them, however, they had declined to attend.
- The deputy manager told us care plans were translated into people's first language if required, to help them understand the contents and ensure they agreed with this.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and people were aware of these.
- The provider had only received one complaint in the last year. We saw evidence this was taken seriously and responded to appropriately and in a timely manner.

End of life care and support

- The provider had an end of life policy in place and staff received end of life training.
- We saw some care plans did not contain details about the person's end of life wishes and fed this back to the deputy manager. They acknowledged this needed to improve and sent us evidence they had consulted people and updated their care plans accordingly.

Is the service well-led?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last comprehensive inspection, we found the provider did not have audits to ensure people's care plans were up to date. At this inspection, we found this was still the case, as a person's care plan did not reflect the change in their personal life which may have had an impact on their wellbeing.
- The provider's systems for monitoring the quality and safety of the service had not always been effective because they had failed to identify the issues we found during our inspection in relation to the safety and cleanliness of the home.
- The provider's monitoring systems had also failed to identify that people did not always receive person-centred care and support and were not always supported to make choices.

Failure to have effective arrangements to assess, monitor and improve the quality of the service may pose a risk to people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us evidence they had addressed the concerns we had identified. They had conducted a deep cleaning of the home and had appropriately addressed the safety issues we had asked them to address. They had updated people's care plans appropriately and added the necessary information.
- The management team carried out regular checks of the service, looking at areas such as security and safety, communal areas and the kitchen. Monthly audits also included health and safety, fire safety and checks of heating and water. They also undertook checks of their policies and procedures and staff training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good culture at the home and people were happy and liked living there. One person told us, "It's nice here. I am happy."
- The service was a family business and other members of the family were involved in the running of the home. The team worked closely to provide care and support to people who used the service. The registered manager and deputy manager were experienced and qualified to meet the needs of the people who used the service.

- The staff told us they enjoyed working at the service and felt supported by the management. Their comments included, "This is a very happy place to work", "The manager is very good and very supportive" and "I like it here. It's not too stressful, it is quiet. [Deputy manager] is fine."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The deputy manager told us as a management team, they were transparent and understood how important it was to be honest and open when mistakes are made, or incidents happen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to be involved in service delivery. They were supported to give their opinion of the service via yearly questionnaires and regular meetings.
- There were regular staff meetings organised so staff could discuss any areas of concerns or share information. We viewed the minutes of the last meeting. Subjects discussed included the care of people, activities organised, training and sharing of relevant information.

Continuous learning and improving care; Working in partnership with others

- The deputy manager told us they used a pool of resources to improve their skills. They stated, "I use feedback given to me on areas that need improving. In addition to this I attend monthly care provider/management seminars held by Brent, Harrow and Hillingdon councils. I also receive the CQC monthly emails with the latest information."
- They added that all information they received was relayed back to the staff team and updates posted on their notice board.
- The provider supported staff in their personal development by subsidising their training and further education such as health and social care diplomas. The deputy manager told us, "The more knowledgeable our staff are, the more it will boost their confidence and team morale leading to a better standard of care." They added, "During our induction process we ask our staff to put themselves in the shoes of the resident as this will give them an understanding of how to improve the care they deliver."
- The provider worked in partnership with a range of professionals such as social services, safeguarding teams, the mental health team, GPs, advocates and other healthcare and social care professionals involved in people's care. The deputy manager explained that sharing information helped them deliver good quality care to people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not do everything reasonably practical to make sure that people who used the service received person-centred care that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving the care and treatment</p> <p>The registered person did not do all that is reasonably practicable to mitigate any such risks</p> <p>The registered person did not always assess the risk of, and preventing, detecting and controlling the spread of infection, including those that are health care associated.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve</p>

the quality of the service.

Regulation 17