

Copperfield House Ltd

Copperfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Copperfield House 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. At the time of our inspection there were nine older people at the home, some of who are living with dementia.

There was a registered manager in post and present on the day of the inspection. 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.

The provider did not have robust systems in place for the prevention and control of the spread of infections. Identified parts of the home required cleaning and bath hoists and toilet seats required replacing. The Environmental Health office had visited the home in February 2018 and downgraded the home from a 5 to a 1 star rating. The kitchen required cleaning, work surfaces required repair or replacing and attention was required in regard to the safe storage of food. The provider had partly complied with findings of the EHO, but further work was needed and an extension to the time was allowed by the EHO.

The provider had not followed the legal requirements of the Mental Capacity Act in relation consent for people. Although some Deprivation of Liberty Safeguards had been applied for, some had not. There was no evidence to show that the provider had undertaken best interest meetings or applied for a DoLS for those who require intervention to keep them safe. People told us that staff sought their consent prior to undertaking activities or care with them.

The provider continued to fail to assess, monitor and improve the quality and safety of the service and records about people's care and treatment were not accurate. When we inspected Copperfield House in April 2017 we had found concerns with the quality audit process. At this visit we found the provider had not taken enough timely action to correct the issues. There was no recorded evidence of how the home was being audited or monitored by the provider.

Risks to individual people had been identified, however risk assessments required reviewing to ensure that all the required information was clearly recorded with guidance for staff on the actions to take to minimise all identified risks.

People were supported to keep safe by staff who had an understanding of the procedures to follow if they witnessed or suspected abuse had taken place. Staff had received training and were able to describe the external agencies to contact should the need arise. Safe recruitment practices were adhered to to help ensure that only suitable people were employed to work at the home. People's medicines were administered, recorded and safely stored. Accidents and incidents were recorded but there was no analysis

of these that would help to prevent a reoccurrence.

People were supported by staff that had received training, supervisions (one to one meetings) with their line manager. Staff told us that they had regular supervision where they were able to discuss their roles and the people who lived at the home and this was confirmed when looking at the staff records. People were provided with a choice of home cooked meals and alternatives meals were also available. The environment was suitable to the needs of people who had mobility difficulties and dementia.

People's privacy, dignity and independence were promoted by staff. People told us that staff respected them as people and they respected their privacy and dignity.

Staff responded well to people's needs or changing needs and care plans were written and reviewed with people and their relatives, although as we have reported these were not always accurate. People had opportunities to take part in a variety of activities that interested them. Information about how to make a complaint was available for people, their relatives and visitors.

People had opportunities to give their views about the service through meetings and surveys. Staff felt supported by the manager. The provider was aware of their responsibilities in regard to sending Notifications about significant events to the Care Quality Commission.

The provider was in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that care and treatment was provided with the appropriate consent in line with legal requirements of the mental Capacity Act 2005, had continued had failed to ensure that systems for the prevention of the spread of infections were robust. The provider had also continued to fail to assess, monitor and improve the quality and safety of the service and records about people's care and treatment were not accurate. You see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Some improvements had been made to the cleanliness of the home but not all areas were being kept clean. Improvements had been made but there was not a system in place to monitor or prevent the spread of infection.

Staff had identified risks to people and risk assessments had been put in place. Not all risk assessments included guidance for staff to keep them safe.

Staff were knowledgeable about the process to be followed if they suspected or witnessed abuse.

There were sufficient staff deployed at the home to meet people's needs.

Accidents and incidents were recorded and staff understood their responsibility in reporting these to the registered manager.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed and administered safely.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

The provider had failed to work within the legal requirements when people's liberty was restricted.

Staff received training, supervisions (one to one meetings) and appraisals with their line manager that helped to provide effective care to people.

People had involvement from healthcare professionals as and when they became unwell.

The environment was suitable to the needs of people who had mobility difficulties or were living with dementia.

Requires Improvement 

Is the service caring?

Good ●

The service was caring.

People's care and support was delivered in line with their care plans.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Staff were caring, gentle and kind to people.

Visitors were welcomed at the home and people could meet with them in the privacy of their bedrooms.

Is the service responsive?

Good ●

The service was responsive.

Staff responded well to people's needs or changing needs and care plans were written and reviewed with people and their relatives.

People had opportunities to take part in a variety of activities that interested them.

Information about how to make a complaint was available for people, their relatives and visitors.

Is the service well-led?

Inadequate ●

The service was not well led.

Systems to assess, monitor and improve the quality and safety of the service and records about people's care and treatment were inadequate.

Some people had opportunities to give their views about the service through meetings and surveys. We recommend more could be done to engage more people in sharing their views.

Staff felt supported by the manager.

The provider was aware of their responsibilities in regard to sending Notifications about significant events to the Care Quality Commission.

Copperfield House

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 27 February 2018 and was unannounced and was carried out by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We did not ask the provider to complete a Provider Information Return (PIR) as we brought this inspection forward due concerns we had received about the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with two people, one relative and three staff members and the registered manager. We looked at the care plans for two people, medicines records, accidents and incidents, complaints and safeguarding. We looked at Mental Capacity Assessments and applications to deprive people of their liberty. We reviewed audits, surveys and looked at evidence of activities taking place at the home.

We looked at two staff recruitment files and records of staff training and supervision, appraisals, a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working.

Is the service safe?

Our findings

During our inspection of April 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The systems for the prevention of infections and management of medicines were not being managed appropriately. The provider told us in their action plan that an auditing tool to monitor the control of infection was being used that included a weekly checklist. During this inspection we found that improvements had been made, however the provider had not addressed all the infection control issues identified during the last inspection.

People and their relatives told us that the home was always clean and tidy and their bedrooms were regularly cleaned by the domestic staff. The laundry room had been refurbished and included new washing machine and tumble drier. The provider was using red dissolvable bags for soiled laundry and this was confirmed during discussions with staff. We noted from training certificates that staff had received training in regard to infection control in March 2017.

There was one member of domestic staff who told us that they were employed at the home four days a week. The registered manager told us they had not yet introduced all the new cleaning schedules or infection control audits they had written in their action plan. He said they had introduced changes to the cleaning of the kitchen and renovated the laundry. A general audit by the care consultant in May 2017 had identified a need for a cleaning schedule and an infection control audit annually. There was no evidence that this had been addressed.

In the downstairs toilet, next to the lounge there was a broken light cord and it was frayed, grubby and dark in colour. We noted that there were brown markings on the left hand side of the outer toilet bowl, under the raised toilet seat. We went to check the cleaning schedules and it took some time for the registered manager and the senior care staff to find them. The senior carer came back with January and February's records. We noted that January's cleaning record had been written on the reverse of March 2017's sheet. They produced a number of 'Toilet Cleaning Schedule' sheets which had a daily observation and signature. These all simply said 'clean and tidy' and were signed by the domestic. We checked today's date and it had not yet been signed off. We told the registered manager about the toilet seat. We checked the toilet again after the cleaner had left and the toilet had still not been cleaned. We found a bathroom toilet handrail was rusty and dirty and a dirty raised toilet seat was left on a bath lift in the upstairs bathroom. The bath hoist was rusty and discoloured. This could put people at risk of cross infection due to the lack of cleaning in these areas.

A food hygiene inspection had been undertaken by an Environmental Health Officer (EHO) on the 18 January 2018. The EHO had found serious concerns in regard to the cleanliness and maintenance of the kitchen and store room and downgraded the service from a 5 to a 1 star rating. The provider had a month to fully comply with the Food Safety and Hygiene (England) Regulations 2013. We had a discussion with EHO officer who undertook the inspection prior to our visit. They told us that they had returned to the service on the 23 February 2018 and that whilst improvements had been made there were three outstanding areas that required addressing by the provider and a further time was allowed for the completion of the actions identified. The provider told us that they had learned a lesson from the EHO inspection and they were

responding to the concerns raised in this. We noted they had taken some action.

The provider had failed to ensure that systems for the prevention of the spread of infections were robust and continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were kept as safe as possible because potential risks had been identified and assessed. Risk assessments included mobility, falls, nutrition, waterlow (skin integrity), physical health needs and breathing. Staff were knowledgeable about the risks to people and how to manage them to keep people safe. One relative told us, "I am very impressed with staff, they are very alert. They keep a watchful eye over [family member] and make sure that they do not fall over." There had been six recorded falls since our last inspection of April 2017 that had not included any serious injuries.

People were protected from abuse because staff understood their roles in keeping people safe. People told us that they felt safe with staff who worked at Copperfield House and this was also stated by a relative. One person told us, "Yes, I feel very safe with staff here, they look after me alright." Another person told us, "I do feel safe living here, I do what I want to." Staff were knowledgeable about the procedures to follow if they suspected or witnessed abuse. One member of staff told us, "I would report all my concerns to the manager, but I would also report them to the local authority safeguarding team if I did not believe anything had been done about it." Training certificates held in staff files showed that staff had received training in regard to safeguarding.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. The registered manager told us that there was always the minimum of three member of staff on duty each shift, one of who was a senior carer, and he was supernumerary to the duty rota. There were two waking night staff every night. This was confirmed during discussions with staff, people, relatives and the viewing of the previous two week's duty rotas. People told us that there were always staff available to help them when needed. One person told us, "There are always enough staff here and they all know me well." A relative told us, "There are always at least three members of staff on duty every time I visit."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. All the required documentation, including a full employment history, references and Disclosure and Barring Service (DBS) checks had been obtained for new staff. The DBS helps providers ensure only suitable people are employed in health and social care services.

The medication administration records (MARs) had been completed as required with no omissions of signatures. Prescribed medicines, where required, were stored in a separate fridge that was kept secure in the office, however staff were not recording the daily temperature of this fridge to ensure that these medicines were stored at the recommended temperature. Medicines were administered and recorded safely. People received their medicines when required and as they were prescribed by their GP. One person told us, "I always get my medicines at the time I need them." We observed medicines were administered to one person at a time and the member of staff signed the MAR sheet when the person had taken their medicines.

We recommend that the registered manager maintains records of the fridge temperatures in line with the Royal Pharmaceutical Society and NICE guidance to ensure that medicines are stored at the correct temperature at all times.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met.

We noted that there was a lack of decision specific mental capacity assessments. For example, one person had a DoLS in place, dated 2 June 2017 from a placing authority. There was not a decision specific mental capacity assessment in this person's records for this. A general mental capacity document dated 20 February 2014 recorded that they lacked capacity in some areas. We could not see any records of a best interest decision in their records, although the DoLS team had spoken with relatives. Another person had an MCA form that stated, '[the person] has limited mental capacity to make decisions of daily living needs' dated 7 February 2012. There was no best interest decision or decision specific mental capacity assessment around consent to care. No DoLS had been submitted despite the likelihood that the person could not consent to living at the home.

Staff had undertaken training in this area and staff were able tell us the implications of the Act and DoLS for the people they were supporting. Staff were aware of the importance of consent and they had an understanding of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us that staff would ask them for their permission before they helped them with anything.

The provider had not ensured that care and treatment was provided with the appropriate consent and this is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection of April 2017 we found the provider was in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff received 1:1 recorded supervision and an annual appraisal. During this inspection we found the provider had met this breach. The provider had implemented and recorded 1:1 supervisions and annual appraisals and future dates had been planned for the rest of the year. This means that people were supported by staff that had supervisions (one to one meetings) with their line manager that provided them with the opportunity to discuss their roles, people living at the home and any training needs.

People and relatives told us that they believed staff had been trained to carry out their roles. One person told us, "The staff here are all very good and I think they have all been trained." Another person told us, "The staff here always know what they are doing so they must have had training."

People received effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. The registered manager told us that they used an external consultant to provide face to face training with staff and this was confirmed during discussion with staff. One member of staff told us they had

received an induction when they commenced at the home. Staff also stated that they had received the mandatory training required. We looked at 12 staff training certificates. We saw that they had received training in infection control, dignity awareness, safeguarding, first aid, health and safety and fire. Staff who administered medicines had received training to support them in this role.

People were supported to ensure they had enough to eat and drink to keep them healthy. A choice was offered for every meal and alternatives were also available. People told us that the food was good and they always had plenty to eat and drink. One person told us, "I get a cooked breakfast whenever I want it. I always get a choice of meals and I can have a drink and a snack whenever I want." Another person told us, "The food here is very good, I can always have something different if I do not like the choice on the day. The food is all home cooked and fresh. We saw the menus in large print were displayed on the notice board in the dining area and this included alternative meals that people could choose. Care plans recorded information in relation to people's nutrition and weights were regularly recorded. We noted that one person was on a certain type of medicine that required certain foods to be avoided. Staff were knowledgeable about this and this had been recorded on the MAR records for the person.

People had access to all healthcare professionals that supported them to live healthier lives. Records confirmed that people were able to access a wide variety of core and specialist external services. For example, the GP, community psychiatric nurse (CPN) and district nurses. People told us that they always saw healthcare professionals when they needed. One person told us, "I always see the GP whenever I am unwell, they come to the home to see me." Another person told us, "Yes all my healthcare needs are met. I see the optician, the chiropodist and the GP." A relative told us that their family member saw the diabetic nurse twice a day as they administer their insulin and check their bloods. There was evidence in the care records that the registered manager and staff worked with these organisations.

People lived in an environment that that was adapted to meet their needs. The registered manager had commenced putting colour photographs and names on people's bedrooms so they could easily find their rooms. Walking aids were available to help people with mobility difficulties at the home. The carpets, curtains and net curtains had been replaced and the corridors, although the décor required attention, were bright and free from clutter.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us that staff were caring and kind people. One person told us, "Staff here are very kind, they are all nice and caring." Another person told us, "Staff look after me well, they are always near me whenever I walk. A relative told us that staff were caring people and they were here for the people living at the home. They stated that people were always well kept, clean and tidy in their appearance. This was our findings during our observations.

We observed good positive interaction between staff and people. Staff were with all the people throughout the day engaging them in conversations. For example, a member of staff tried to engage one person in an activity. The member of staff was very patient and offered lots of encouragement and the person joined in with the activity. We also observed the same staff member holding someone's hand asking if they were ok. The person smiled at them which showed that they were fine. Throughout the day people looked happy and comfortable with staff. Staff maintained eye contact and got down to their level when talking to people. During lunchtime staff chatted with people, provided support to those who required this and continued to engage in conversations with people. One person was talking about their relatives and people and staff joined in the conversation with them.

People were supported to express their views about their care and treatment and make decisions about their care plans. Staff told us that they discussed care plans with people and asked them if they wanted to make any amendments. This was confirmed during discussions with people and a relative. One person told us that staff often discussed their care plan with them and that they were able to make changes to it if they wanted to, "I tell them what I want and they do it." Another person told us that they were not interested in their care plan because staff really looked after them well. A relative told us that they had been part of the pre-admission assessment and were included in the care plan.

People's privacy, dignity and independence were promoted by staff. People told us that staff respected them as people and they respected their privacy and dignity. A member of staff told us, "We always attend to the personal care needs of people in the privacy of bedrooms and bathrooms with the doors closed. We make sure their dignity is maintained when attending to baths and washing, we cover exposed parts of their body to maintain their dignity." This was confirmed during discussions with people. One person told us, "Staff always knock on my door and close it when they help me to wash and get dressed." Another person told us, "They make sure doors are closed and let me be on my own when I have a bath." People told us that they were able to be as independent as they were capable of. One person told us, "I like to be on my own when I am in the bath and staff respect this." Another person told us, "Staff let me wash as much of myself as I can and they would always ask me if I wanted help, they don't just do it."

People told us that they could have visitors at any time of the day. This was confirmed during discussions with a relative who told us there were no restrictions on the time they could visit.

Is the service responsive?

Our findings

During our inspection of April 2017 we found the provider was in breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered person had failed to provide meaningful activities for people to take part in. During this inspection we found that this breach had been met. The provider had introduced daily activities that people could take part in and enjoy throughout the day. These had also been produced in a pictorial format following recommendation from the local authority quality assurance team.

People had a range of activities they could be involved in. These included music therapy, watching TV, hair dressers, manicures, pedicures, keep fit and active, board games and a visit to the church each Sunday morning. There were some specific activities for people living with dementia, for example, reminiscence therapy on a Thursday morning that was described as 'Using material such as pictures, magazines video programmes and painting'. There was also a 'Reality Orientation' activity that was described as 'Discussions about the news headlines and reading books from the library.' One person told us, "We have plenty of activities to do both in the morning and afternoon and we can choose to join in if we want to." People told us they were happy with the activities provided and that they suited them. We noted that no external activities such as trips outside of the home took place, however the people we spoke with told us they did not want to go outside to do activities.

Care plans showed that these activities reflected people's interests. For example, one person's plan informed, 'I enjoy socialising with people and talking to them and playing games'. Another person attends a day centre three times a week and this was recorded on their plan and staff had documented this in daily notes.

People had care plans in place that informed staff how they would like their assessed needs to be met. They included information about personal care and hygiene, dressing and grooming, feeding and drinking, sleep and rest, behaviour, clinical and physical perspective, bladder/bowels, mobility, social care, maintaining a safe environment. There was guidance provided to inform staff about people's personal care needs. For example, one person's care plan informed that they needed support at morning and bed time but they could attend their own oral care. It stated, 'I like to brush my teeth every morning'. It also informed that this person was independent with toileting needs. Care plans were reviewed on a monthly basis. Staff we spoke with were knowledgeable about the content of people's care plans and how they would meet people's individual assessed needs.

A complaints procedure was available to people, relatives and visitors to the home. People and their relatives told us they would talk to the registered manager if they wanted to make a complaint. One person told us, "I would talk to [registered manager], but what have I got to complain about, it is very good here." Another person told us, "I have never needed to make a complaint but I would talk to staff if I did." A relative told us that they had known how to make a complaint should the need arise. There had not been any complaints since the last inspection in April 2017.

No person living at the home were receiving end of life care. The registered manager told us that should a person reach the stage of requiring end of life care then the GP would be contacted who would arrange for the appropriate professionals to become involved with the person.

Is the service well-led?

Our findings

During our inspection of April 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered person had failed to assess, monitor and improve the quality and safety of the service. Quality assurance systems were not robust. The provider told us in their action plan that they had completed this in May 2017. During this inspection the registered provider continued to be in breach of this Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and they had failed to complete their own action plan to improve.

We asked the registered manager for the audits that they undertake on the service. The only records produced were the recently commenced kitchen checks and toilet cleaning schedules. Although we found that toilets may have been monitored using the new system, they were not always clean.

The registered manager told us that they monitored the MARs records but there was no evidence of these taking place. There was a tick box health and safety audit carried out in June 2017 by a care consultant with no identified actions arising from it. Another audit, dated May 2017, also completed by the consultant had identified that annual infection control audits and cleaning schedules should be put in place but the registered manager confirmed this had not started, although he showed us the templates they had for this.

People's care records were not always up to date and had not been audited to ensure that all the required information was recorded accurately. For example, one person's care plan stated that the person was diabetic and this was controlled by medicine. The registered manager told us that the person's GP, who is an expert in diabetes, had ceased this medicine as it was no longer required. We saw on the MAR records for this person that there were no prescribed medicines for diabetes. This information had not been recorded in the person's care records.

There were incidences where information was lacking in regard to risk assessments. For example, one person had a mental health assessment documented that informed they had a 'heavy' risk of falls and they had a bipolar affective disorder. There was not a plan to manage this risk but staff told us that the person did not exhibit any risky behaviours. There was no guidance on how to recognise a manic or depressive episode or how to de-escalate the person if required. If effective audits had been used the provider would have been able to identify that care plans were not up to date or accurate and plan to make improvements.

Accidents and incidents were recorded but there was no analysis of why accidents or incidents had occurred or what action could be taken to prevent further accidents. There were six recorded incidents since the last inspection. We noted the last recorded test of the fire alarms and emergency lighting was undertaken in June 2017. A fire risk assessment dated May 2017 had been carried out by an external care consultant. This assessment noted that fire drills were not happening twice yearly and were not 'recorded in detail.' There were no records of fire drills maintained at the home. We have reported our findings in regard to fire safety to the Surrey Fire and Rescue Team.

The registered person had failed to assess, monitor and improve the quality and safety of the service and

records about people's care and treatment were not accurate. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service promoted a positive culture. There was a staffing hierarchy at the home and all staff knew what their individual roles were and the duties they were to perform. Staff told us they thought the home was managed well by the registered manager and that they felt supported by him. Regular staff meetings took place where staff were able to discuss people's needs, training and the matters pertaining to the home. We noted that one agenda item had included discussions about the emergency procedures at the home for the night time. Staff told us that they attended these meetings where they also discussed policies and procedures and lessons to learn from when things had gone wrong. We were given the example about the EHO visit and how they had to work to put this right, although the actions had not yet been fully completed.

Staff told us that they had a daily handover meeting every day at 14:00. There were no records of what was discussed in these meetings but staff reassured us that they did take place every day. We observed the handover meeting on the day of our visit where topics discussed included people, and their health care needs, activities and the importance of now recording these handover meetings.

Some but not all people and those important to them had opportunities to feedback their views about the home. People told us that there were resident meetings every two months where they could make suggestions about the home and what they wanted to happen. The registered manager told us that although these meetings took place, only the same two people would make the effort to take part in these, therefore he had reduced the frequency of these meetings. The provider had accepted that this would be a satisfactory way of engaging with people, without exploring how more people could be engaged in sharing their views and involved in decision making. The provider had undertaken a survey of people in February 2018 but had not had the opportunity to analyse the findings. We noted that information in the forms received so far were positive about the home.

We recommend that the provider explores other ways to engage all people at the home so their views could be listened to and taken into account about how the home was run.

The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support. Records maintained at the home evidenced that staff work closely with healthcare professionals. For example, GPs, hospital specialists, district nurses and community psychiatric nurses.

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. The registered manager had recently been absent from the home for 21 days. They were aware of the responsibility to send Notifications of a longer absence or about other matters that are notifiable.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that care and treatment was provided with the appropriate consent and this is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 provider had failed to ensure that systems for the prevention of the spread of infections were robust and continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to assess, monitor and improve the quality and safety of the service and records about people's care and treatment were not accurate. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning Notice