

T.L. Care (Havering) Limited

Faringdon Lodge

Inspection report

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Romford
Essex
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Tel: 01708379123

Date of inspection visit:
24 July 2019
26 July 2019

Date of publication:
24 September 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Faringdon Lodge is a residential care home registered to provide personal care, support and accommodation for up to 28 people in one adapted building across two separate wings, each of which have separate adapted facilities. At the time of our inspection the care home accommodated 23 people, many of whom had dementia.

People's experience of using this service:

We have found several concerns about the service. Staff understood how to identify abuse but they did not always follow procedures to report them. Medicines were administered safely but not always stored correctly. There were times that the service was short staffed. People's care plans were not followed with regards to their bathing preferences. Staff inductions were not always recorded. The provider's quality assurance systems were not always effective.

We have made one recommendation in the report about record keeping with regards to people's capacity.

Risks to people were recorded. There were infection control measures in place.

People told us staff were experienced and knew how to do their jobs. Staff received training and supervision. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with their healthcare needs and the service worked with other agencies to the benefit of people. People's needs were assessed. People enjoyed the food they were provided and were supported to eat and drink healthily.

People and their relatives told us they were treated well. Staff understood equality and diversity. People could express their views and be involved with choices around their care and treatment. People told us their privacy and dignity were respected and their independence promoted.

There were mixed views on the activities the service provided. People's needs were recorded in their care plans and staff understood these needs. The service made information accessible to people with communication needs. People were able to make complaints and when doing so these were responded to appropriately by the service. The service was working with the local authority to make improvements to how they provided end of life care.

People told us they thought highly of the management team. The registered manager was responsive and wanted to improve the service to the benefit of people who lived there. People held meetings and were engaged with the service. People and relatives were able to complete surveys to assist with improving the service. The service completed audits to monitor the safety and care of people using the service.

Rating at last inspection: At the last inspection the service was rated Good (report published on 7 March 2018)

Why we inspected: The inspection was prompted in part due to concerns received about short staffing and record keeping. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-Led sections of this full report.

Enforcement:

We have identified breaches in relation to incidents not being reported, short staffing, people not being bathed as per their care planned wishes and the service's quality assurance systems 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.

Details are in our caring findings below.

Good ●

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 ●

Faringdon Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Faringdon Lodge 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place over two days on 24 and 26 July 2019.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at notifications we received from the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, deputy manager, two care workers and a housekeeping member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incidents and accidents were learned from but not always recorded in some cases. Whilst reading daily logs we found two instances of where one person using the service had hit another and in one instance a member of staff also. These had not been recorded as incidents. We spoke with the registered manager about this and we agreed these should be deemed as physical abuse which required safeguarding alerts be sent to the local authority. However, the service had not sent these alerts prior to our inspection. We asked that they be immediately completed and sent to the local authority. This was completed during our inspection.
- We spoke with one person who had an injury on their hand with a visible wound dressing. We spoke with them and one of their relatives about it and they explained that it had occurred in the service and occurred when a member of staff was present. We had looked at the service's records of incidents and accidents and noted this had not been recorded. We spoke with the registered manager about it, who had dressed the wound at the time, and they told us that they should have completed an incident report form. They were unsure why this had not happened at the time. This did not follow the service's incident reporting policy. They had not updated the person's risk assessment which could have minimised risks of similar occurrences happening again.

This demonstrated that the service did not effectively monitor and record the care and support provided to people ensuring lessons could be learnt to minimise the risk of abuse and ensure people were always safe. This showed a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at the home. One person said, "I feel really safe, better than I did at home." Staff knew what to do should they suspect abuse. One staff member told us, "I would raise things to the senior or supervisor straight way." We saw staff had received training on safeguarding, there was further training planned and a policy available.
- When recorded, incidents and accidents highlighted areas where improvements could be made, or lessons learned, these things were discussed in staff supervision or team meetings and peoples care plans and risk assessments were updated.

Staffing and recruitment

- People told us there was not enough staff to meet people's needs at all times. One person said, "Not enough staff. Night is the worse." Staff confirmed this. One staff member said, "It can be difficult to meet people's needs sometimes." The registered manager told us that people's needs were met as dependency tools had been used to identify how many staff were needed to meet each person's needs. However, we informed the registered manager that these tools had only been completed on individuals and not collated to give an overall picture of how many staff the service would need to meet people's needs. The registered manager began collating the information during our inspection and said they would discuss their findings with the nominated individual, the person responsible for the provider.
- Staff rotas indicated that sometimes the service worked without a full complement of staff, when for example there was staff sickness. We saw that this occurred throughout the week but also at least twice at weekends, when there may not be management or auxiliary staff on site to support the running of the service. The registered manager told us they did not use agency or bank staff and relied on their own staff to complete all care duties. The registered manager also confirmed that staffing levels had remained constant throughout their time of working there, with occasional adjustments to increase or decrease staff numbers when needed.

The provider was unable to demonstrate a systematic approach to determine the number of staff to meet people's needs. This showed a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to our report the registered told us "The staffing levels within in the home are regularly reviewed by myself as registered manager and the proprietor and we are very responsive to the needs of our residents. The care home is registered for 28 residents, although we have only 23 single rooms and that is the maximum number of residents that we accommodate. The increased number has remained should we have a couple who wish to share. Our staffing levels in very rare cases of sickness are reviewed and with the reduction of one member of staff and with the on call manager our staffing levels remained adequate to support the needs of the residents."

- Recruitment practices were consistent. We looked at five staff files and found five and saw they contained references from previous employers, application forms, interview questionnaires, employment histories and enhanced Disclosure and Barring Service (DBS) checks. Employers complete DBS checks to see if staff have any criminal convictions or if they are on any list that bars them from working with vulnerable adults. This meant people were recruited with people's safety in mind.

Assessing risk, safety monitoring and management

- There were risks assessments in place to monitor aspects of people's health, their safety and their wellbeing. Most people had the same set of risk assessments based on their dependency on others, falls, nutrition and weight, continence, moving and handling and pressure relief. Occasionally people had specific "generic" risk assessments for something that was personal to them. For example, we saw one for someone who had a pressure sensor mat.
- We noted there were no specific risk assessments for people's health conditions. For example, we saw numerous care plans highlighting heart conditions and other physical ailments. Whilst there were no specific risks assessments for these health conditions and their associated risks, there was ample information in care plans for employees to understand what conditions people had and the risks associated with them.
- The service also monitored and checked for risks regarding environmental factors in the home such as fire safety and building and appliance safety. They did so through regular monitoring and checks and had

robust plans in place to ensure that people were kept safe in the event of emergency.

Using medicines safely

- The service administered medicines to people. One person told us, "Wonderful. they come around regularly. I forget sometimes, and they are very good." Senior staff were trained to administer medicine and their competency to do so was checked regularly. We counted people's medicine and checked how it was recorded and found everything in order. Medicines were audited regularly. There were policy and procedures in place to guide staff on what to do.
- Medicine temperatures were not always recorded. Temperatures of medicines stored in refrigerators were recorded correctly. However, medicines stored at room temperature, were not recorded in the room where the medicines trolley was stored. On the first day we inspected, we highlighted to the registered manager that the temperature in the room was 30 degrees Celsius. The service's medicines management policy states, 'medicines are stored must not exceed 25 degrees Celsius.' The registered manager instructed staff to contact a pharmacist immediately who provided them with advice. The registered manager also said that they would begin recording these temperatures straight away.

We recommend the service best practice guidance around managing medicines in care homes.

Preventing and controlling infection

- People told us their home was clean. One person said, "It is wonderfully clean, it doesn't smell at all. They take out washing each morning, all ironed and put back in the wardrobe." We initially attended the inspection unannounced in the early morning and found the building tidy clean and odour free. This was maintained throughout our inspection visit.
- Staff understood the importance of infection prevention and control. One person said, "They wear gloves and aprons." One staff member said, "We use protective equipment and regularly wash hands, keep the place clean use disinfectant."

Staff had been trained in infection control and the service kept cleaning schedules and records to monitor the cleanliness of the home. This meant that people were kept safe from the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

Staff support: induction, training, skills and experience

- Before our inspection, we received an allegation from a whistle blower who told us they did not receive an induction. We looked at seven staff files and saw that four did not have their inductions recorded. However, staff we spoke with told us they had received inductions. One staff member said, "Yes, I did. It was about the home. I saw care plans, risk assessments, had introductions to people and carers, read policies and procedures, learned about the fire alarm etc." We spoke to the registered manager about this and they were not able to tell us why some staff did not have their inductions recorded but assured us that everyone received an induction and moving forward they would all be recorded, and staff files would be audited.
- People told us that staff were appropriately skilled to do their jobs. One person said, "Yes they are well trained." Another person said, "I think most of the staff are experienced." Records showed that staff completed training that assisted with meeting people's needs such as safe handling of medicines, moving and handling and safeguarding. The provider also gave employees the opportunity to complete national vocational qualifications in health and social care.
- Staff received supervisions and appraisals. One staff member told us, "One to ones, yes we do, and appraisals. We're able to talk about what we want." This meant people were cared for by staff who were supported in their roles.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care plans contained mental capacity assessments that had been completed to record whether people were capable of making decisions about their care and other aspects of their lives such as their finances. When people cannot make these decisions, best interest decisions involving relatives and or local authority

advocates should be recorded. Whilst we saw some evidence of people involvement, we saw little evidence of specific best interest decisions.

- Care plans also contained consent agreements for people to consent to their care. We saw that in some instances, relatives had signed these. Where this happens, the relatives signing the consent agreements should have legal power of attorney to do so and the service should have evidence of their attorney. The registered manager was aware of this and in the process of seeking evidence where people had power of attorney.

We would recommend the service follow best practice guidance on consent and best interest recording in relation to the principles of the MCA.

- Staff understood the need to obtain consent and working with people with capacity issues. One staff member said, "If someone doesn't have capacity it's doing something in their best interests," Another staff member said, "I will always ask permission and if they refuse, I will go away and come back five minutes. I always ask and tell them what I'm doing."
- We looked at records the service held about DoLS application or authorisation and found them to be satisfactory.

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

- There were mixed views on the service structure. One person told us, "I do wish they'd get the bathroom done. We have to go around the other side, we've been waiting five weeks."

We saw that there were various adaptations in the service for meeting people's needs such as hand rails and lifts. However, as people had told us we saw that one of the bath chairs in the building was out of service and there was an issue with garden access for those in wheelchair. Following our inspection, the registered manager provided us evidence that the bath had been fixed.

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

- People told us that they were supported with health care when they needed it. However, there were mixed views about their choice in this matter. One person said, "A doctor and nurse would come if necessary. We've had people go to hospital." We spoke with the registered manager and they confirmed that people could have whatever healthcare professionals they wished to have and there were no restrictions on choice.
- People's care plans contained records of communications with agencies involved in their care. We saw correspondence with other agencies that demonstrated they all worked together to ensure people's care was led in a person-centred manner. Often these agencies were health and social care organisations.
- We spoke with one health care professional who spoke highly of the service. They told us, "Very happy with the care. The staff are caring and compassionate compared to some other homes. Staff will always support me with what I need to do and follow my instructions."

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. Assessments recorded people's ongoing physical and mental health needs and provided the service with the opportunity to assess whether they could meet those needs.

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

- People ate food they wanted to eat and were supported to have a balanced diet. One person told us, "The food is very good and they tell me to keep the salt down." We observed people eating a meal and they were smiling and relaxed. The food portions were ample sized and there was choice in the menu.

- Care plans contained people's food preferences and where necessary this information was stored in the kitchen so that kitchen staff knew whether people had allergies or religious restrictions with food. We saw records of interaction with healthcare professionals regarding food and fluids. This meant people were supported to eat and drink healthily.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that people were treated well. One person said, "I feel like I'm on holiday. The staff are lovely." Another person said, "Happy with it here, happy with staff." We observed staff working with people and saw that they were caring and thoughtful. We saw people smiling when staff were working with them and staff were unhurried in the tasks they completed with people.
- We asked people and staff about equality and diversity. One person said, "I get to go to church." Staff told us the care they provided was universal and would not differ for people other than for their personal choices. One staff member told us, "Care is not the same for everybody - its suits the person, it's person centred care" They were able to tell us about people with different faiths and that they understood their cultural needs. This approach to equality and diversity was underpinned in the services policies and documentation.

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

- People told us they were involved with their care. One person said, "Oh yes [I'm involved]." Another person said, "I have decisions in my care." Documentation we saw demonstrated that people and relatives were involved in decisions made about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "Yes they do [treat me with respect and dignity]. [Staff] is very kind and gets me in the toilet and thinks I need privacy when I'm going to the toilet - I told her and she changed the way she does things." A staff member told us, "Most personal care is done in bedrooms, curtains shut, door shut." People had their own rooms and were able to spend time in their rooms when they wanted and were supported to use their own bathrooms. We observed visitors come and go and were told by the registered that visits were permitted when people wanted them.
- People told us their independence was maintained. A person told us, "Yes they do support me to remain independent. [Staff] takes you to the shops." Staff confirmed that they encouraged people to do as much as they can. One staff member said, "We encourage our residents to do as much as they can, with decision making, with washing, it helps mentally." We observed people being encouraged and prompted to eat for themselves and take part in other activities. We saw that this was done in a kindly and unrushed way.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their care choices were not always followed. One person told us they had not had a bath for five weeks. We looked at seven people's personal care records and these indicated that people were receiving regular body washes but that baths and showers were much less frequent, averaging once every six weeks, which for some contradicted their care plan choices.
- One person's care plan stated they would like to have a bath twice a week. When we looked at their personal care records we saw that over a two-month period from the end of May 2019 to the end of July 2019 they had received regular body washes but only one bath. Similarly, another person's care plan stated they would like to have a bath once or twice a week and records indicated they had no baths from late June to late July 2019, though did receive regular body washes.
- Another resident told us the shower in their unit wasn't working either and that inhibited their choice for showering. We checked with the registered manager and we found that whilst the pressure was weak the shower was working and could be used. However, this person's care plan indicated they wanted daily showers and they were unaware of being able to use it. Their personal care record indicated that they had had only one bath in June and one in July 2019 and that they had 'self-cared' throughout the rest of June and July. Their care plan stated they needed support of one carer to assist with their bathing and therefore had not been receiving the showers they would like to have had daily.
- We spoke with the registered manager about not bathing people according to their preference, and they outlined alternative process in place whilst they were waiting for the bath chair to be repaired.

The provider had not made every reasonable effort to meet people's preferences providing person centred care, with specific regards to their bathing choices. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were mixed views on activities provided. One person said, "I went on Canal Ability [a canal-based day trip], it was nice out. They're not often enough though. The days out." Another person said, "Not a lot of activities - no one coming around to entertain you." There was an activities coordinator who all people spoke highly of. We saw that daily activities were advertised and there were activities for people to partake in.
- The activities log did not always reflect the range of activities that people took part in. The log often stated what people were doing rather than participation in activities the service provided. For example, activities logs stated, "[Person} enjoyed watching TV." Or "[Person] enjoyed looking at a book with pictures carried out by care staff daily." We also noted that the activities log had not been completed for three days.

- We spoke with the registered manager about the activities provided and they highlighted that the activities coordinator had recently returned to work from leave and that they hoped to place more emphasis on activities. They were also able to demonstrate that the service did offer monthly day trips in the summer and organised other events in the home.
- People's needs were recorded in their care plans. These care plans were comprehensive and personalised, citing people's likes, dislikes and their risks. Often this information had been gathered from family members where people had been unable to provide it themselves. People's care plans were reviewed regularly by the management and updated as and when necessary. People told us staff knew what they liked and disliked. One person said, "Yes they do, they know "what I like and don't like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to provide information to people relating to their care and support in an accessible format that met their individual need. We saw records indicating that people with sight impairments were read to as per their care plan choice. The registered manager also told us that, "We have a braille printer. We could put in place these things if needed."

Improving care quality in response to complaints or concerns

- People knew how to make complaints. One person said, "I would (complain if necessary)." A relative said of a complaint that, "It was dealt with by the manager." We saw that there was a suggestion box near the front door and complaints procedure available for people and relatives. People and relatives were aware that the registered manager had an 'open door' policy and were able discuss issues as and when they arose. We saw records of complaints and saw that the registered manager had responded to them appropriately according to the service's complaints procedure.

End of life care and support

- The service was not working with anyone who was currently at end of life. However, we were aware that the service was working to improve their end of life care with the support of the local authority. The registered manager told us that they were working towards all people having end of life care plans and we saw that most residents had these with their wishes recorded. Staff told us about end of life care. One staff member said, "We have had training on this and the crematorium came and visited and gave us a session to give us an understanding. We have end of life care plans, we've started them. If someone is on end of life we get their wishes and record them."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider was failing to ensure the service was safe for people. The registered manager had failed to alert the local authority to a safeguarding incident at the service nor notify the CQC as is their legal responsibility. The service had failed to record an incident where harm had been caused to someone using the service. The provider's quality assurance processes had failed to identify people at risk of abuse, some staff inductions had not been recorded and there were no methods to identify how many staff were required to meet all people's needs.

This demonstrated that the provider did not operate effective systems and processes to make sure the service was safe. This showed a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they thought positively about the management and staff. One person said, "It's well-run and the carers are nice." Another person said, "[Registered manager] is ever so good. They know about me and assessed me at my home." Staff also thought highly of the management. One person said, "Yes - [Registered manager] is one of the best managers I've had." Another added, "[Registered manager] is approachable and fair to all staff." We received positive feedback about the registered manager from the local authority. Throughout the inspection we noted the respect the registered manager demonstrated towards others and their transparent approach to our raising concerns. The registered manager understood their role, took their responsibilities seriously and wanted to improve the lives of those they worked with.
- The registered manager was keen to address concerns we raised and began making changes as soon as we raised them on inspection. They and their staff understood the need to provide high quality person-centred care. The registered manager had worked on action plans, where shortfalls in care had been identified by the local authority and was also able to show us how and when they were going to make further improvements to the service.

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

- People told us they held resident's meetings, "We do have resident's meetings." We saw records of

resident's meetings and noted people were always asked whether they had any concerns, whether they had suggestions for food or activities and they also received updates about the service from staff. People, and relatives, were also able to engage with the service through surveys. One relative told us, "My [relative] was asked his opinion about the about the home." We saw some surveys and a quality assurance report compiled from completed surveys. These indicated an overall satisfaction with the home.

- Staff told us they attended meetings. One staff member said, "We have handovers every morning, we have team meetings every two to three months, we have random ones if necessary." The deputy manager told us, "We aim for every two months. Kitchen meeting, care staff meeting, senior staff, house keeper and management, we give staff a weeks-notice." We saw records of these meetings and they identified that staff discussed people's care, record keeping, medicines, training and other topics.

Continuous learning and improving care

- The service completed regular audits to monitor the safety and care provided to people. We saw that audits were completed on a regular basis. These audits covered health and safety, care plans, medication audits and equipment. However, we saw no staff file audits which would have picked up the issues we noted around inductions not being consistently recorded.

Working in partnership with others

- The service worked well with other agencies to provide care and treatment. We met with one health care professional and saw records of visits and input from others. We spoke with the local authority who stated the home worked well with them. We noted that people of faith came to visit people using the service. There was involvement with local events and links with local schools. The registered manager attended providers meeting run by the local authority as well as attending registered managers meetings.

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 Person-centred care was not always being provided. In particular: People were not bathed or washed as per their care planned choices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated

