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Welcome Home

Inspection report

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Date of inspection visit:
20 June 2017
22 June 2017
23 June 2017

Date of publication:
30 August 2017

Ratings

Overall rating for this service	

Is the service safe?	
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	

Summary of findings

Overall summary

The Inspection took place over three days, 20, 22 and 23 June 2017. The inspection was unannounced.

Welcome home is registered as both an accommodation based care home and a community based domiciliary care agency (DCA) which delivers personal care to people in their own homes. The domiciliary care agency is run from an office within the grounds of the care home with a separate staffing group to the care home.

The care home provided accommodation, care and support for up five adults. People had complex needs, including learning disabilities, autism and physical health needs. At the time of this inspection five people were living at the care home. The DCA service provided home care services to people within the local area. People had varying needs, some were living with dementia and needed a range of support including personal care, prompting and monitoring. Times and days of visits varied to suit individual need. At the time of the inspection approximately 40 people were receiving personal care in their own homes from Welcome Home care agency.

We have reported on the services provided by the care home and the care agency separately under the evidence sections of the report. Where the evidence we found related to both services we combined the reporting.

We last inspected the service on 06 and 07 September 2017. At that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 11, 12, 17, 18, 19 and 20A. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. The provider said they had already completed some actions and those they hadn't completed would be completed by the end of December 2016.

At this inspection we found that the provider had made some improvements to the service, mainly in the care agency, however many further improvements were necessary.

A registered manager was employed at the service and had been in the role since the service was set up. The registered manager was registered for both the care home and the care agency. 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.

Care Home
Although individual risk assessments were in place, these had not been reviewed since 2014 or 2015 so changes in people's circumstances had not been taken into account to ensure the risks continued to be

managed effectively. Some risks had not been identified.

Some improvements had been made to the management of people's prescribed medicines, however, there were continued concerns which posed a risk to the management of medicines.

Although a fire risk assessment was in place and fire testing and servicing of equipment carried out, practiced fire evacuation drills had not taken place to ensure the safety of people and staff in the event of a fire. We have made a recommendation about this.

Staff continued to have limited or no one to one supervision sessions with their manager or the opportunity to attend staff meetings. Most of the staff training required to gain the basic knowledge to support people well had not been updated or completed by staff.

Some mental capacity assessments had been undertaken to determine people's mental capacity to make less complex decisions, however, these had not been reviewed and assessments to make new decisions had not been completed. Where decisions had been made, a best interests process had not been followed as determined within the Mental Capacity Act 2005.

Staff knew people well and spent time with people individually, responding to their individual needs. Care plans were person centred with detailed information about each person, however, these had not been appropriately reviewed. We have made a recommendation about this.

People's privacy and dignity were respected and they were supported to maintain and increase their independence skills.

Although people clearly went out to some activities, there was no evidence of this through activity plans or a specific care plan. We have made a recommendation about this.

Care agency
Individual risks faced by people supported in their own homes were identified with plans in place to control the risks. Risk assessments were reviewed regularly. Environmental risks were identified at the initial assessment to ensure people and staff were kept safe from hazards inside and outside the person's home.

Medicines were now managed well where people did require the support of staff to administer their prescribed medicines.

Care needs were assessed before support commenced. Care plans were reviewed regularly with people and their relatives to make sure they continued to be supported in the way they wanted and to suit their changing needs and circumstances. Feedback was sought about the service provided during the review with action taken to address concerns quickly.

Care home and care agency
Although positive comments were made by people, relatives and staff about the registered manager, many concerns were found about the management and leadership of the service. No clear oversight of the services provided by the provider was evidenced.
Staff understood their responsibilities in protecting people and keeping them safe from harm. They knew who to report concerns to and who to go to outside of the organisation should they need to.

Improvements had been made to the recruitment process and safe procedures were now in place,

protecting people from being supported by unsuitable staff. There were enough staff employed to deliver the care and support people required.

Accidents and incidents were reported quickly by staff and investigated and responded to well.

People were supported to maintain their health and well-being by getting the appropriate advice and guidance from health care professionals. People were supported to maintain a well balanced diet and meal choices were based on their individual preferences.

Positive comments were made about the support received from staff and how pleased people and their relatives were with their support.

A complaints procedure was in place. Complaints made about the care agency had been investigated and responded to appropriately.

During this inspection, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not consistently safe.

Risks to the individual safety and welfare of people living in the care home were not properly assessed or reviewed to take account of changes. Risk assessments were up to date in the care agency.

Some aspects of medicines administration in the care home were managed well, but some areas continued to require improvement. Improvements had been made to medicines administration in the care agency.

There were sufficient staff to meet people's needs and safe recruitment procedures were now followed.

Staff understood their responsibility to safeguard people by reporting any concerns they had.

People and their relatives felt they received safe care and support.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received appropriate training to carry out their role and had not received regular supervision from their manager to ensure they had the support and skills to meet people's needs in the care home. Staff had been supported more suitably in the care agency.

Some mental capacity assessments had not been undertaken with people and those that had had not been reviewed and best interests decisions had not been recorded in the care home.

Both the care home and care agency supported people well to get the appropriate support from health care professionals when needed.

The food provided in the care home offered variety and choice based on peoples likes and dislikes. In the care agency people

had assistance with food preparation and eating and drinking when required.

Is the service caring?

Good

The service was caring.

There were good relationships between people and staff in the care home, built on knowing each other well. People were positive about the care provided by staff in the care agency.

Independent advocacy had been accessed when necessary.

People were supported by staff to maintain and increase their independence where possible. People were treated with dignity and respect by staff.

Relatives visited regularly in the care home with no restrictions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People living in the care home each had their own car and were able to go out in these with staff driving. Activities were not evidenced through plans to ensure people's interests were explored.

Care plans were person centred, focusing on the individual. These had not been reviewed regularly in the care home. People and their relatives were involved in developing their care plans.

People were visited in their own home on a regular basis by the care agency office staff to have their assessed needs reviewed and to encourage feedback on the service provided.

People living in their own homes were made aware of how to make a complaint to the care agency and there were systems in place to respond to them.

Is the service well-led?

Inadequate

The service was not well led.

A system continued to not be in place to regularly assess and monitor the quality of service people received through an auditing process.

Records relating to people's care had not always been

completed effectively. Reviews had not always taken place and improvements had not been made.

The views of relatives of people living in the care home had been sought, however they were not in an effective format to be able to analyse the findings to make improvements.

The provider continued to have little or no oversight of the service provided. Concerns found had gone unnoticed and improvements had not been made as documented in their action plan following the last inspection.

People and their relatives were happy with the service provided. Staff were happy working at the service and found the registered manager to be approachable and committed.

The provider had invested in an electronic recording system in both services. This was working effectively in the care agency.

Care Quality Commission

Welcome Home

Detailed findings

Background to this inspection

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

This inspection took place on 20, 22 and 23 June 2017 and was unannounced.

The inspection consisted of one inspector and an expert by experience. The expert by experience made telephone calls on 21 June 2017 to people who received a service from the Welcome Home DCA and the relatives of people using both the DCA and the care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the previous inspection report and the provider's action plans. We also looked at notifications the registered manager had sent to CQC. Notifications tell us about important events that had taken place in the service which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with seven people who received a service in their own homes from Welcome Home and seven relatives to gain their views and experience of the service provided. We observed the care given to the people living in the care home as they could not communicate their views verbally. We spoke to two relatives of people living in the care home. We also spoke to the registered manager and eight staff including the manager of the care agency, coordinators, senior care workers and care workers. We asked health and social care professionals for feedback about both services.

We spent time observing the care provided and the interaction between staff and people. We looked at nine people's care files, medicine administration records and five staff recruitment records as well as ten staff records to check supervision and training, the staff rota's and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at feedback given through questionnaires.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 06 and 07 September 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to; Regulation 12, Safe care and treatment. People's medicines were not safely managed in either the care home or the care agency. Risks to people's safety were not adequately assessed or mitigated effectively in the care home. Regulation 19, Fit and proper persons employed. Safe recruitment practices were not followed in either the care home or the care agency. We asked the provider to take action to make improvements in relation to medicines, risk and recruitment practice.

Following the inspection the provider sent us an action plan on 21 December 2016 to show how they intended to improve the service and meet the requirements of the regulations by the end of December 2016. At this inspection we found that the provider had implemented part of their action plan as medicines were now managed safely in the care agency. Safe recruitment practices were now in place in both the care home and the care agency. Some improvements had been made to the safe management of medicines and the management and assessment of risk in the care home, however further improvements were required.

The people living in the care home were not able to verbally communicate with us whether they felt safe living in the care home. However, we could observe their reactions to staff and their body language which suggested they felt relaxed in their surroundings. We spoke to people's relatives on the telephone and they told us that they felt their loved ones were safe and well looked after in the care home. One relative said, "We have used the service for a while, they are very good and look after people".

Most of the people we spoke with on the telephone told us they were very happy with the support they received from the care agency. Their comments included, "They are excellent, do everything, they shower and wash legs. The girls [staff] are nice, if you ask they will do anything", "They do their thing. I don't want to have them, but they do their job well, there is not much more I can say" and "We are quite happy and have no real complaints". One person said, "Sometimes they could give you more time if changes have to be made [to the visit times]". Relatives were also generally happy. One relative told us, "The staff are friendly and usually let us know when they are late", and another said, "The quality of care is good". Other comments from relatives included, "The staff are good, but sometimes they don`t manage to make the appointments, but you try to understand, they have other people to see and they work hard" and "We are meant to receive an email of times and staff working with us, but often that does not arrive on time. That can be an issue when you need to know who it is".

Care home

Risk assessments in the care home were in place identifying some of the individual risks faced by people in their daily life. For example, the risks associated with the administration of medicines, with control measures to manage the risk such as staff training and care planning for the person's specific needs. However, risk assessments had not been appropriately reviewed. One person's medicines risk assessment was dated 07 December 2015 with a planned review date of November 2016. A review of the risk assessment had not taken place. Another person had a risk assessment dated 05 March 2015 identifying the risks of developing a

high or low blood sugar due to the complications of type one diabetes. Although staff knew what signs and symptoms to look out for, the risk assessment had not been reviewed. This meant that the information within the original risk assessments may not be correct as changes may have taken place that had not been taken account of, putting people at increased risk. Some, but not all, risk assessments had a monthly review sheet where staff had recorded 'no changes', even though changes had come about in the person's life since March 2015. We spoke to the registered manager about this who agreed that changes in people's circumstances had in fact occurred and risk assessments should have been fully reviewed. Some risks had not been identified, for example the risks associated with people and staff taking prescribed medicines outside of the home or the risk of falls while mobilising.

The failure to assess and mitigate individual risks and to review identified risks were a continued breach of Regulation 12 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the management of medicines administration had improved in the care home, there were still areas of concern where medicines were not managed in a safe way. One person living in the care home was prescribed a medicine that must be available to them at all times including when they went out of the home. Staff were required to sign to say they had taken the medicine out of the care home and to sign when returning it. There were long gaps in the recording record where nothing had been recorded even though the person had gone out many times in this period. This was the case at the last inspection and things had not improved. The registered manager had changed the recording method from a chart to a book to make things easier for staff. However, this had made no difference. For example, the period between 12 November 2016 and 06 March 2017 no records had been made. Between 15 May 2017 and 31 May 2017 and from 31 May 2017 to 22 June 2017 no records had been made by staff to show they had taken the medicine out of the home and returned it again. We saw evidence that the person had been out during all these periods. Where records had been made, there was no consistent recording method, staff recorded in the way they chose. This meant the records that had been made were not clear and easy to check for mistakes. The medicine in question was also classified as a schedule 3 controlled drug which requires careful recording and monitoring for reasons of good practice and safe keeping. Some prescription medicines are under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. The Misuse of Drugs Regulations include five schedules that classify all controlled medicines and drugs, schedule 1 drugs having the highest level of control and rarely prescribed. Schedule 3 includes drugs that are less likely to be misused than the drugs in Schedule 1 or 2, however, require careful monitoring and recording to ensure they are used in a safe way. The recording of this medicine was poor with no evidence of checking by staff or the registered manager to make sure the numbers used and remaining tallied and that the medicine was still within the expiry date. The book used for recording the stock of medicine brought in to the home and that returned to the pharmacy was the same book used to sign the medicine in and out of the home. No consistent approach was used, the recording was messy and staff did not appear to be aware that careful, legible recording should take place. The registered manager and staff were not following the provider's own controlled drugs policy. This meant people were at risk of not receiving their medicines safely from staff who were responsible for administering them.

The failure to carry out safe administration of medicines was a continued breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Clear person centred guidance was in place within each individuals care plan to make sure staff were aware of the person's needs and preferences when it came to administering their medicines. A step by step plan set out the process to follow to make sure people were supported to take their medicines. Descriptions of the medicines people were prescribed and why it was necessary they take them were included in the care

plan. Medicines errors, such as the medicine administration record (MAR) not being signed, were recorded on the provider's electronic recording system within the daily records. A check of stock levels of medicines was recorded each week within the recording system. Medicines were stored appropriately as each person had a lockable safe in their bedroom where their own prescribed medicines were stored.

Care agency
Medicines management had improved in the Welcome Home care agency with the continued and improved use of the provider's electronic recording system. Most people who received care and support either managed their own medicines administration or had a relative or friend who did this for them. Some people however did require the support of staff. In these instances, the medicines people were prescribed and how often they should take them were recorded on the electronic system and updated regularly. Changes made showed on the system immediately for all staff to see, reducing the risks of mistakes being made. When staff had administered the medicines they were required to update the system to say they had completed this task. Failure to do this logged an alert on the system. The manager or the coordinator monitored the alerts in the office. The manager told us when an alert was raised they would check the care records on the system to see what the staff member had written in the daily notes. If the staff member had recorded in the daily notes they had administered the medicines then the manager would accept this as a recording issue and contact the staff member to remind them of the correct procedure. If they had forgotten to administer the medicines they would be sent back to the person's home immediately if they had already left to ensure the medicines were given. A new observational assessment record used by the management team when carrying out spot checks of staff working in the community incorporated a medicines administration competency assessment. This meant that staff were now having to prove their continued skills and knowledge when administering prescribed medicines on a regular basis.

Risk assessments were in place to keep people who were supported by the care agency safe. Individual risks were identified and control measures in place to manage the risks. For example, the potential risks when the use of equipment such as a hoist was needed to help people to move from their bed to a chair. Control measures included ensuring staff were trained and advice had been requested from health care specialists such as an occupational therapist (OT). People who required the assistance of staff using a hoist had a comprehensive plan completed by the OT. The plan was in place to keep people and staff safe when carrying out moving and handling manoeuvres. Risk assessments had been reviewed regularly once a year, or earlier when a change in circumstances was evident.

A risk assessment of the environment was carried out at the point of the initial assessment for people receiving a service from the care agency in their own homes. The internal and external environment of the person's home was checked for hazards that could be a risk to the person or staff while undertaking support. For example, the assessor checked external pathways, or trip hazards within the home. Useful information was included, such as where the water stop cock was, the fuse box or smoke detectors. The registered manager kept people and staff safe by the assessment of hazards and risks within the home environment.

Staff were safeguarded whilst lone working in the community by various means. The latest shifts at the end of the evening were always planned as the visits requiring two staff. This meant that no staff were working alone before going home late in the evening so each made sure the other was safe. The electronic system used by the provider to carry out shift planning had a GPS tracker available, so the member of staff who was 'on call' tracked staff who were working in the evening to make sure they had completed their care visits and were on their way home. A check could be made on the whereabouts of each staff member at any time of the day. This also meant if people telephoned to say a member of staff had not turned up, the office staff could check where they were and respond accordingly.

Care home and care agency
Staff working both in the home and the care agency had a good understanding of their responsibility to protect people from abuse. Staff could refer to guidance about abuse through the provider's safeguarding procedure as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us they would have no problem raising any worries they had with the registered manager and they were aware of who to contact outside of the organisation should this be necessary. One member of staff working in the care home said, "We know people so well that we would know if something was wrong".

Some people supported by the care agency were vulnerable living in the community. For example, people had been identified as being at risk of exploitation from others or of financial abuse. Where this was the case, it was clear in their care plan and a risk assessment was in place providing staff with the information needed to support people to stay safe. Staff had raised safeguarding alerts when they believed people to be at risk of abuse. One staff member believed a person was being taken advantage of regarding their money by a member of the public and reported this straight away. The registered manager and staff helped to keep people safe by their understanding of their responsibility to protect vulnerable adults.

Accidents and incidents were recorded well by staff. The electronic recording system was used by both the care home and the care agency to record incidents as soon as they happened. One incident recorded by care agency staff showed that staff had noticed a sore area on a person's leg and had reported it. The information and action taken was immediately communicated to all staff through the electronic system. The manager reviewed and signed incident reporting. Another incident record detailed where staff had found a person on the floor within their own home as they had fallen over. An ambulance was called and the incident was recorded straight away, alerting office and care staff.

Recruitment processes had improved in the care home and the care agency, safe procedures were now in place in order to make sure staff were suitable to work with adults. New staff went through an interview and selection process. The registered manager made sure gaps in employment were explored and recorded and references were requested before new staff could start in post. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

The registered manager managed both services with the support of senior care workers in the care home and a manager and coordinators in the care agency. The provider employed suitable numbers of staff to provide the care needed by people living in the care home and in the care agency. Staff working in the care home told us there were enough staff and they had the time to spend with people without feeling pressured. Staff working in the community for the care agency thought there was generally enough staff. Sometimes there was a difficulty giving people their preferred times when staff were absent through sickness or annual leave. However, staff tended to step in and cover as much as possible to ensure people did get their preferred visit times.

Health and safety checks were carried out in the care home each week. Staff checked there were no hazards in the care home and made a record of maintenance issues that needed addressing. One week it was recorded that a fire door needed adjusting as a new carpet had been fitted and the fire door did not close because of this. The following week, it was recorded that the fire door was now functioning correctly following adjustments being made.

Detailed personal emergency evacuation plans (PEEP's) were now in place to keep each person safe in the event of a fire or other emergency where evacuation of the premises would be required. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the care home in the event of a fire. A fire alarm test was carried out each week to check the alarm system was responding as expected. All the appropriate maintenance and servicing of utilities and equipment had been carried out regularly. Such as gas safety and electrical wiring checks and legionella and asbestos surveys. The fire service visited on 20 June 2017 to check the care home was compliant with fire safety regulations and had confirmed there were no concerns found.

Only one fire evacuation practice drill was recorded as having been carried out since the last inspection, on 20 September 2016, even though this had been recorded as cause for concern at the last inspection. Action for improvement to the response of people and staff at that one practice drill had not been fully recorded to create the opportunity for learning and to make improvements. This meant that staff and people had not been given the opportunity to test how the provider's fire evacuation procedure would work in practice. Regular practice drills were essential to prepare staff and people for a fire or other emergency situation.

We recommend the provider and registered manager seeks advice from a reputable source to ensure practiced fire drills are carried out regularly, recorded and monitored appropriately to ensure the safety of people, staff and visitors in the event of an emergency such as fire, requiring evacuation of the premises.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 06 and 07 September 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to; Regulation 18, Staffing. Staff had not received the appropriate support, supervision and appraisal necessary to carry out the duties they were employed to perform. This breach was in relation to both the care home and the care agency. Regulation 11, Need for consent. People had not had a mental capacity assessment to determine their capacity to consent to care and treatment and evidence of acting in people's best interests was not available. This breach was in relation to the care home. We asked the provider to take action to make improvements in relation to staff support and supervision and ensuring people's rights were considered within the principles of the Mental Capacity Act 2005. We also made a recommendation about storage of people's personal information.

Following the inspection the provider sent us an action plan on 21 December 2016 to show how they intended to improve the service and meet the requirements of the regulations. They said they had already implemented the improvements and these would be ongoing. At this inspection we found that the registered provider had made some improvements and had partly implemented their action plan. However, improvements still needed to be made to the support, supervision and appraisal of staff in the care home and to the documentation required to be compliant with the Mental Capacity Act 2005 within the care home.

We spent time observing daily life in the care home and saw staff displaying their skills when supporting people and communicating and chatting with them. Staff used their knowledge of people to give choice in the way they would individually understand. Relatives gave us their views of the staff and one said, "The people who work there do a good job and support us".

People receiving support in their own homes from the Welcome Home care agency told us they thought the staff knew how to support them with their care needs. The comments we received included, "The girls [staff] have to manage a lot of things and they try their best. They are approachable", "People [staff] take time and do things properly, we can contact people [staff]" and "The staff are good at dealing with people, some are better than others, but that is to be expected". Relatives said similar things, one relative told us, "Sometimes things can be difficult. They make things easy and take their time. They also accept people's right to refuse and record this".

Care home
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 least restrictive as possible.

People who lived in the care home were able to make limited choices on a day to day basis and encouraged

to do so by staff. Such as whether they wanted a drink or if they wanted to get out of bed in the morning or go to bed at night. Some people were not always able to make their choice known through verbal communication but through body language. One staff member said. "They [people] have a learning disability, but they can still make choices". However, there were no mental capacity assessments for some people and those in place for others did not individually assess all the areas where decisions needed to be made. The mental capacity assessments that had been undertaken to determine people's capacity to make particular decisions had been carried out in 2012, 2014 or 2015. No reviews of these had taken place to record whether people's circumstances had changed. No new mental capacity assessments had been carried out to assess people's capacity to make a decision regarding new circumstances that had arisen. There continued to be no records of best interests meetings having taken place when less complex decisions needed to be made on people's behalf. For example, where people were taking part in a new activity or needing to buy new clothes or have their hair cut. One person had a mental capacity assessment in place regarding their behaviour and their not understanding the risks involved. They had been assessed as not having capacity to make the relevant decisions. This was dated 14 July 2014 and no review had been recorded since then, even though the behaviour had changed. No explanation about the decisions that needed to be made to keep them safe and manage their behaviour had been recorded. There was no record of a best interests meeting and who was involved in making these decisions on the person's behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's capacity to be able to choose where they lived and to be able to consent to care and support had not been assessed by the registered manager. However, applications had been made by the registered manager to the supervising authority for authorisation to deprive people of their liberty.

The provider and registered manager continued to be non-compliant with the MCA and people's basic rights continued to not be upheld. This failure to comply with the Mental Capacity Act 2005 was a continued breach of Regulation 11(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not made improvements to the support and supervision of staff working in the care home. The provider's action plan following the last inspection dated 21 December 2016 stated that, '[Residential] home all supervisions have now taken place and documents can be seen' and the date actions would be completed by as, 'Ongoing but all done in December 2016'. Despite this, we found that staff working in the care home had not had regular supervision meetings. Of the six staff files we looked at we found that two had no supervision meetings documented and four had one supervision meeting in December 2016 and none since. This meant that staff continued to not receive the guidance and direction to carry out their roles well and to have the opportunity for personal development.

The provider had not ensured that staff had been provided with the training they required to develop their skills and knowledge in their role. Staff accessed online training and the registered manager gave us a printed copy of their up to date training records. Not all staff had updated their training where necessary. For example, out of 17 staff working in the care home, only 12 staff had updated safeguarding adults training, seven had completed first aid training, nine staff had undertaken fire training, nine food safety training (all staff were responsible for cooking meals) and two had completed nutrition and hydration training. As well as this, only eight staff had completed diabetes training when they supported one person who was an insulin dependent diabetic. Only one staff member had completed epilepsy training, despite two people living in the care home being diagnosed with epilepsy. We observed one member of staff administering medicines during our visit. Their training records showed they had not started the online

medicines training. Their training record in their staff file showed they had a 'Safe handling of medicines' certificate dated August 2014 which was before they started working at Welcome Home. There was no evidence of medication competency assessments having been carried out to make sure staff working in the care home were using safe practice when administering people's medicines. Only three staff had taken part in the online MCA training. There was no evidence that previous MCA training had taken place. The training records observed for staff working in the care agency also showed that some staff did not have the appropriate level of refresher training, however other staff had completed most of the training they were required to do.

The failure to provide appropriate support, supervision and training as is necessary to enable staff to carry out the duties they are employed to perform was a continued breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew people well and were aware of their health care needs. One person was type one diabetic, relying on insulin injections many times a day to stay well. Staff were required to check the person's blood sugar levels regularly to make sure they stayed within safe limits. The individual guidance and what to look out for was set out clearly in the person's care plan. Staff were attuned to this throughout the day and were aware of the signs that the person's blood sugar may be too high or too low. They checked at times when it wasn't due if they were concerned about a change in the person's behaviour which could be a sign that their blood sugar was too high or too low, and acted according to the care plan.

Health care professionals had been involved in people's care where necessary. An occupational therapist had given advice to help one person become more independent preparing their own vegetables and salad. A record was kept of people's appointments with health care professionals, detailing what the appointment was for and what was discussed. One member of staff said, "Their [people's] well-being is the most important thing". One healthcare professional told us they had been asked to visit a person living in the care home by the registered manager, to give advice and guidance. The said, "This is my first involvement and I am impressed. Staff were able to tell me and show me the information straight away".

People living in the care home required support at mealtimes. Staff cooked the meals, based on people's likes and dislikes. Most people required assistance to eat their meal, although most could help themselves to food they could pick up easily, such as sandwiches. Staff gave people complete one to one time when assisting them to eat their meals. Sometimes this meant that people ate at slightly different times. This suited most people as they tended to prefer their own privacy at mealtimes and one person sometimes chose to eat in their room. People had their individual preferences around food and mealtimes respected.

Care agency
People who were supported by the care agency in their own homes had their capacity assessed at the initial assessment stage and recorded on the provider's electronic system. The information was immediately available for staff to see when supporting the person. How people were affected was recorded. For example, the assessor recorded where people had a problem with their memory at times or if they were living with dementia and required the support of a family member to help them to make decisions. People signed to say they gave consent to receive the care and support as described in their care plan.

Staff working for the care agency had received one to one supervision meetings, with the opportunity to discuss their work, training and personal development. Observational 'spot' assessments were carried out while working in people's home in the community. This helped the management team to monitor the skills and professionalism of individual staff members. The management team also checked on their appearance and attitude, their skills in carrying out the support tasks and their rapport with people. Positive and

constructive feedback was given to the staff member and formed part of the supervision process. Although all staff had at least one supervision meeting and one or more observational assessments since January 2017 they had not been as regular as intended by the provider's policy. The policy stated staff should have at least six sessions per year. The care agency manager explained this had been due to their absence over recent months. However, we could see a supervision matrix with all dates planned for the rest of the year. Staff had not had the opportunity to have an annual appraisal of their work carried out; however, these were all booked in for week commencing 03 July 2017.

The care agency's liaison with health and social care professionals was good and used to keep a close review of people's needs and care plans. One health and social care professional stated in an email communication that two staff they had been involved with had both been excellent.

Some people required the support of staff to assist with nutrition and hydration. Where this was the case, a care plan was in place detailing the support required. People's likes and dislikes around food were recorded. The meals people required support with were documented including whether assistance was required to eat their food as well as cooking their meal. Nutrition and hydration care plans were detailed with the information staff would need to support people well, making sure they received the food and drink they required to maintain good health.

Good

Is the service caring?

Our findings

The people who used the Welcome Home care agency to support them in their own homes were happy with the care given to them by staff. We received many positive comments from people using the care agency services, these included, "The staff are sensitive, they know to not rush and to ask for advice. We feel like we are in control", "The staff understand me, but it would be good to be introduced to new staff so you get to know people[staff]" and "The staff take time to talk even though they are very rushed". People's relatives said, "The staff try their best and are kind. That helps", and another relative told us, "People [staff] are usually the same and that helps when getting to know people. They take an interest". Although the people living in the care home could not verbally give us their views about the staff, we saw that people appeared happy and relaxed when at home and communicating with staff. When we spoke to their relatives, they told us they were very happy with the care their loved ones received. One relative said, "The staff are caring, they have made a difference to times that have been difficult. They know that health needs are complex and they make people have the most of the time they have".

People living in the care home were not able to verbally express their involvement in their care and the planning of their care. Care plans described how people were involved in other ways with good descriptions of people's non-verbal communication. For example, one person's care plan described how they showed they were ready to get out of bed in the morning, 'I will sit up and swing my legs around out of my bed'. People got out of bed in the morning when they wanted, letting staff know in their own style of communication when they were ready to get up. Pictures and photographs of the key areas of the plan were included, such as the type of shoes the person liked to wear or the type of cup they liked to use. One member of staff told us, "They [people] all get treated as individuals, it is not regimented" and "If [person's name] wants to have a lie down they can".

People were supported to be as independent as possible, and where possible, staff assisted people to increase their independence skills. For example, washing themselves or mobilising more independently around the home. One person was supported to make some of their own snacks and drinks, such as a cup of tea and their favourite food of salad.

We saw many good examples of the caring nature of staff while observing interactions in the care home. Staff clearly knew people well and were able to make them laugh and smile. One member of staff said, "I would say this is a caring home. Everyone is very friendly, it is a good staff team". Another said, "Everyone does care, really care. It is lovely the way it is here". A healthcare professional said, "I have found the staff to be person centred, including their paperwork".

Making sure people's privacy and dignity were respected was addressed in their care plan. Staff were expected to always knock on people's bedroom doors before entering and make sure the door to their bathroom was closed when supporting in the shower. Each person's care plan documented the support they required to attend to their personal mail. One person's care plan for their night time care stated, 'I would like you to leave my bedroom door open slightly in case I do get up in the night'.

One person had an independent advocate, appointed by the local authority, as they did not have any relatives to support them with decisions around consenting to care and treatment living in a care home. The advocate visited regularly to make sure the decisions made were being adhered to by the care home staff.

We heard good examples of caring exchanges between the office staff in the care agency and people who received support in their own homes. One staff member telephoned the local authority for advice regarding a person who was concerned that they would not be able to access support as they no longer had the finances to continue to pay. The staff member then telephoned the person to relay the advice to them and how they might be able to get help. The staff member spoke clearly and in a kind and patient way, making sure they had taken a telephone number down correctly. The staff member then asked another office staff member to send the person a note in the post with the information they required to make sure they had fully understood the telephone conversation and what was required.

People receiving care and support from the care agency were asked what and who was important to them and this was recorded in their care plan. People had said it was important, 'to stay in my own home with support' or that 'my husband and my children' or 'my sister and daughters' were important to them. This meant staff knew this important information and could chat to people or reassure them if needed, or who to contact if they had concerns.

The family members of people supported in their own homes by the care agency had been asked if they would like to have access to their loved ones records if their family member consented, through the electronic system. Some relatives had taken up this opportunity and had reported the benefits and peace of mind this had given them. One relative living in Australia had access to their loved ones records, they could see the times staff were visiting and the daily recordings made. As the system was internet based, they could see live and immediate information. We saw a thank you email from the relative saying, 'This [the electronic system] is reassuring for us here, many thanks for the help you and your loving staff are giving my [relative]'.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with on the telephone who received care and support from the care agency confirmed they had regular reviews of their care plan. They also told us they were asked their views of the service at the same time. The comments we received included, "The meetings we have are regular, we know we can offer our view" and "We have regular meetings about every six to eight weeks in which we can share our views". Relatives were also involved in reviews and providing feedback. Two relatives said, "We have meetings about every six to eight weeks" and "Sometimes the meetings to find out if is going well don't change things much".

The provider had invested in an electronic record keeping system to support the development of all records within both the care home and the care agency. The care agency had been using the system longer than the care home so were at a more advanced stage, using the system for all recording of documents such as assessment and care planning.

Care home
Staff working in the care home were recording all their daily updates on to the electronic system for people living in the care home. Care home staff had access to mobile phones or an electronic tablet to update the daily records, including food and fluid recording. All daily recording was detailed, up to date and accessible to all staff. Staff said they liked the new system as it improved communication, giving them access to the information they needed quickly. One member of staff said, "It is good for communication and handover between shifts, things don't get missed". We saw staff checking on the dedicated mobile phone when they wanted to know the last recording of a person's blood sugar, or when a person had last had a drink.

People's care plans had not been recorded on to the electronic system yet so paper records were still relied on. Care plans were person centred, giving staff the guidance necessary to support people individually. All the information that staff would need to know about the person and their care and support needs was available in easy to read step by step direction. For example, people's morning routine was fully detailed from when they woke up, if they liked to get straight out of bed or if they preferred to stay in bed for a while and get up slowly. The care plan then went on to describe what the person's breakfast preferences were, if they liked cereal or toast or if they liked a cup of tea or a cold drink. Care plans were written with similar detail regarding people's care and support needs and the routines they preferred to follow in the evening and night time. For example, one person sometimes woke in the night and would go into the kitchen to check and reassure themselves that certain objects were in the correct place. Once they had checked and were happy with what they had seen, they would go back to bed and back to sleep.

People had a named key worker, however there was little evidence of their involvement with the people they were keyworker for. One person had a documented keyworker meeting on the 29 September 2016 and none since then. There was no other documentary evidence of further involvement. Some care plans had not been fully reviewed since October 2015. There was no record that other people involved in the person's life had attended to review the care plan, such as relatives or care managers. Care plans had been reviewed each month, however, each month the record stated 'no changes', signed by a staff member. We found only

one care plan, regarding a person's support needs with their prescribed medicines, that had changes recorded in the review record. The review record had a section for the registered manager to sign and agree the comments. This was not signed by the registered manager but by the staff member on their behalf. We spoke to the registered manager about the monthly reviews stating 'no changes' and they agreed that this was not the case. They said there had been changes in people's circumstances and how they received their care and support.

We recommend the registered manager seeks advice and guidance from a reputable source to determine when and how to review the care plans of people living in the care home appropriately.

Relatives were happy with the activities that staff did with their loved ones living in the care home. One relative said, "The staff have looked after our relative and gave them more of a younger person's life, such as swimming and days out." People did appear to go out into the community regularly. One person attended a local day centre one day a week which they very much enjoyed. Another person enjoyed going to visit a farm shop regularly. People had things they enjoyed doing inside their home such as looking through magazines or listening to music. Each person had been supported to have the opportunity to get their own car through the motability scheme. The motability scheme enables disabled people to get mobile by exchanging their mobility allowance to lease a new car, scooter or powered wheelchair. This meant people could go out individually with ease. However, individual activity plans or a care plan focusing on people's interests and activities to make sure people were always supported to have meaningful activity each day were not in place. Some staff agreed they needed to improve activities for people. When asked what improvements could be made within the service, one member of staff said, "Perhaps more activities". Although staff did sometimes record in the daily records when people engaged in activity inside or outside of the home, this was not always the case, it was hit and miss. This meant the registered manager could not monitor and improve people's access to meaningful and active daily activity.

We recommend the registered manager seeks advice and guidance from an appropriate source to develop activity plans for people living in the care home to ensure clear recording in order to monitor people's continued enjoyment in meaningful activity.

Care agency
Welcome Home care agency carried out an initial assessment with people and their relatives (where appropriate) before a support package began. The assessment was carried out by a dedicated member of office based staff who undertook all initial assessments and people's reviews thereafter. The assessor used an electronic tablet to document the assessment while discussing with the person. The assessment was uploaded straight on to the electronic system when finished and could be seen by the manager immediately. This allowed a more responsive approach as planning could start immediately if necessary.

The initial assessment informed the planning of each person's care and support. People were asked what days and times they would like their support. The manager checked the preferred times with staff availability and matched the times requested where possible. Some people had support every day of the week and up to four times a day. Other people had support only once a week. Some people required two staff to give full support with all their daily living needs and others required one member of staff to lend a hand. The care tasks people required support with were recorded in their care plan on the electronic system. People's care plans were detailed with the information staff required to support people in the way they wanted. Reminders for staff were included, for example, making sure people had a drink or that people with poor mobility were assisted to move around during the visit to prevent soreness. One person's care plan said, 'Please make sure you brush my hair after getting me dressed'. Instructions were given for staff to follow such as applying cream to certain areas of the body that required it, or to always use gloves when

applying creams. People signed to confirm they had been involved in the development of their care plan.

Staff recorded each task they had completed with a person during their visit using the electronic system, accessed by their mobile phones, If staff did not do this an immediate, live alert was flagged. Two members of the management team in the office received the alerts and followed them up. They could access the care notes on the electronic system to check if the staff had recorded they had completed the task and had omitted to tick the box or if there was another reason. For example, sometimes people said they did not want the task completing or a family member had already carried out that particular task.

Regular reviews of people's care plans were carried out every three months. Who attended was recorded, such as a relative or friend. The planned date of the next review was included so this could be planned straight away. All areas of the care plan were discussed and reviewed to check if any changes needed to be made to the plan. In between full reviews such as these, care plan changes were recorded and communicated to all staff as they happened through the electronic system. For example, people or a health and social care professional may request an extra visit to be added to their care plan.

People were asked to give feedback of the service they had received at each three monthly review. Questions asked included; 'Do staff arrive on time and stay for the full visit', 'Are you told if the staff are going to be late', 'Do the times of visits suit you', 'Do staff wear uniform and have id badges with them', 'Do care staff listen to your choices and wishes', 'Are you satisfied with standard of care', 'Do staff respond to your questions and concerns'. The care agency management team met after each review to discuss the changes required, if any, and to monitor the results of the satisfaction questionnaire. Where people had raised issues, such as staff being late or changes in times, action was taken to address the issues. Actions were recorded. On viewing questionnaires over a period of time we could see people's feedback changing to a more positive response following the action taken.

Care home and care agency
The provider had a complaints policy in place for the care home and care agency giving the information people or their relatives needed to be able to make a complaint if they wished to. External agencies to contact if people were not happy with the response to their complaint were included, such as the Local Government Ombudsman (LGO) or the local authority. The care home had not received any complaints since the last inspection. The care agency had received three complaints and these had been appropriately dealt with and responded to. The outcome of each complaint was recorded for future learning and improvement.

Compliments and thank you messages had been received. These were shared with staff, including individually where specific staff were singled out and named. One recorded contact from a health care professional complimented the staff in the care agency for being proactive in acquiring equipment for one person by liaising with other health care professionals.

Inadequate

Is the service well-led?

Our findings

At our previous inspection on 06 and 07 September 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to; Regulation 17, Good governance. Systems were not in place to regularly assess and monitor the quality and safety of the service. This breach was in relation to both the care home and the care agency. Regulation 20A, Requirement as to display of performance assessments. The provider had failed to display the rating of their previous comprehensive inspection. This breach was in relation to both the care home and the care agency. We asked the provider to take action to make improvements to the monitoring and auditing systems and to ensure they displayed their ratings.

Following the inspection the provider sent us an action plan on 21 December 2017 to show how they intended to improve the service and meet the requirements of the regulations. They said they had already put systems in place and this would be ongoing. At this inspection we found that the registered provider had made some improvements, partly implementing their action plan. Ratings were now displayed within the areas where both services functioned, which meant people, relatives and visitors could view the information. However, further improvement was required.

The relatives of people living in the care home were happy with the way the home was run and thought their loved ones received a good service. One relative said, "We have used the service for a while, they are very good and look after people." Two people commented positively on the running of the care agency, "The people are very good to us and we are contacted about every six to eight weeks to ensure things are alright" and "When I ring up, I can normally get an answer from the office". Two relatives thought improvements could be made to the care agency, they told us, "The staff and the office try to respond to changes but sometimes those could be made more in advance" and "We are meant to have a rota sent by email, with times and staff who are working. That does not always happen and we have mentioned it and brought it up a few times now. It is frustrating."

Quality monitoring systems had not been developed to ensure the registered provider and the registered manager had proper oversight of the quality and safety of either the care home or the care agency. The audit systems and checks had not identified the concerns found during the inspection relating to management of medicines, the assessing and reviewing of individual risk, the support, supervision and training of staff, the documentation required to be compliant with the Mental Capacity Act 2005 and to the record keeping and quality monitoring systems.

Although some audits had been carried out since the last inspection, these were sporadic, and had not continued and no actions had been identified to improve the service provided. For example, two medicines audits had been undertaken, one on 13 May 2017 signed by the provider and the registered manager and the other on 15 June 2017 signed by the registered manager and another member of staff. Few actions were recorded, those that were did not specify the action required. For example, 'Improvements required for temperature recording' was documented. The concerns found were not noted and the action required or who was responsible was not recorded. This meant that the opportunity to make improvements could be

lost as responsibility for the action to take was not given to a staff member and a time period not identified.

A further auditing tool had been used twice as a three monthly audit, signed by the provider and the registered manager. However, this was not an actual audit, merely a checklist to tick when audits had been carried out. Therefore the checklist did not identify any areas for improvement as it was not designed for this purpose. A quality assurance box was not ticked and a comment was made stating, 'Reviews have been carried out and a new routine has been implemented'. However, we found no evidence that this was the case, no consistent approach to monitoring the service provided had been implemented. When this was pointed out to the registered manager they realised their mistake and said they could see that this was not a monitoring and auditing tool.

The care plan files within the care agency were reviewed regularly and the electronic recording system alerted the management team when support tasks were not completed or areas needed checking. This meant there was a form of monitoring taking place within the care agency. However, the provider did not have a consistent system in place to audit the service being provided in order for them to have a clear oversight of the services they provided. This meant they could not be reassured that the services they provided were being delivered in a safe way and of good quality.

Although the registered manager showed us a survey sent out to the relatives of people living in the care home it was not fit for purpose. This was a continuing concern from the last inspection. The questionnaire sent was not intended for relatives but for people who used the service to complete. Therefore many questions could not be answered by relatives and other questions would not give reliable feedback. For example, there were many questions about the food provided, the timings of meals and the way the meals were served. Relatives were rarely present when meals were provided. There was no date on the questionnaires, only the year, 2016 and the registered manager could not tell us reliably when the surveys had been completed. One relative had stated 'quite satisfied' to the questions about meals. However they clarified this by saying, 'it is impossible to answer as we are not there at mealtimes' and ''C' questions seem vague as I am not a resident'. These comments had not been picked up and noted by the provider or registered manager. Comments however were positive about the care their loved one received. The answers had not been analysed by the provider and registered manager in order to improve the service provided. The provider and registered manager had not identified that they continued to use the same questionnaire that had previously been identified as not useful for the purpose it was meant.

The provider and registered manager had continued not to offer appropriate support, supervision and training to staff since the last inspection. The provider had not undertaken a staff survey to gain feedback about the satisfaction levels of staff. We were told a staff survey would be sent out on Monday 03 July 2017. Only one staff meeting had been carried out by the registered manager since the last inspection. This meeting was held on 14 April 2017 and only the staff employed to work in the care home were invited. Staff working in the care home had not had access to regular one to one supervision meetings and not all staff were undertaking the training required. Therefore, the provider and registered manager did not have systems in place to ensure staff had the suitable support and development to carry out their roles competently.

The registered manager continued to be responsible for the management and leadership of both the care home and the care agency. A manager was employed to manage the day to day running of the care agency. The provider of both services continued to have very little involvement in either the day to day management or the strategic direction of the service. The provider did not ensure the registered manager had the support necessary to make the improvements expected following the previous comprehensive inspection. This despite the fact that CQC held a provider's meeting with both the provider and registered manager following

the last inspection to raise our concerns directly with them. The provider reassured us at the meeting they would be more involved, support the registered manager and undertake quality audits to monitor the services they provided and make improvements. The registered manager had not updated their own training, a concern raised at the last inspection. They had only attended Mental Capacity and DoLS training to the first level – the level required by care staff. At this inspection we found they had still not completed the level of training required as a registered manager. They told us they had booked training, however this was not until October 2017 and the event was a conference, not specific training. The provider had not supported the registered manager to ensure they completed this action.
Staff were required to complete weekly observational checks of all five motability vehicles on behalf of people living in the care home to make sure they were safe to drive. These were not recorded consistently. For example checks were recorded as having been completed on 22 April 2017, 11 May 2017, 20 May 2017 and 9 June 2017. Where checks had been made, staff had not recorded their name or signature as they were required to do. This meant that staff were not ensuring vehicles were observed to be safe to drive before use. The provider or registered manager had not identified this concern. They could not be sure whether staff had actually carried out the checks and the concern was of poor recording or whether staff had not carried out the checks which would have been a health and safety concern.

Records continued to not be kept up to date or recorded consistently to avoid errors or omissions. Systems and processes were not in place to identify concerns and take the appropriate action to address shortfalls. The provider had signed their involvement in completing the action plans from the previous inspection and had assigned themselves responsibilities. However, it was clear their involvement continued to be limited; they had not ensured the actions had been implemented and they continued to have no clear oversight of the services they provided.

The provider has failed to ensure records were kept up to date and to have systems in place to regularly assess and monitor the quality of the service is a continued breach of Regulation 17 (1)(2)(a)(b)(c)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the end of each shift, the senior staff on duty in the care home completed a record on the electronic system confirming they have completed certain tasks before going off duty. For example, medicines checked, medicines administration records signed and various health and safety tasks.

Staff were very happy with the introduction of the electronic recording system. One member of staff working in the care agency said, "It means there is good information available for staff. The system has made a great difference to communication and the quality of care provided".

Staff were complimentary about the registered manager, saying they were supportive and approachable. One member of staff said, "[the registered manager name] is person centred, primarily for the people who live here [in the care home], but the staff too, everyone together".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider and registered manager failed to support people to maintain their basic rights by not ensuring mental capacity assessments for particular decisions had been carried out and reviewed. Decisions had not been made within the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider and registered manager failed to carry out safe medicines management through poor record keeping of medicines records. The registered provider and registered manager failed to assess and review the risks to peoples individual health and safety.

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 Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance \the registered provider failed to ensure accurate record keeping and to have systems in place to regularly assess and monitor the quality and safety of the service.

The enforcement action we took:

We have told the registered provider and the registered manager to take action to improve the quality and safety monitoring systems to ensure the provision of safe care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider and registered manager failed to provide the appropriate support, supervision and training necessary to enable staff to carry out the duties they are employed to perform.

The enforcement action we took:

We have told the registered provider and the registered manager to take action to address the shortfalls identified.