

Keats House Healthcare Limited

Keats House

Inspection report

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Middlesex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keats House is a residential care home providing personal and nursing care to up to seven people with mental health needs. There were six people using the service at the time of our inspection, one of whom was in hospital.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Where there were risks to people's safety and wellbeing, these were assessed. However, where a person had lost a significant amount of weight, there was a lack of monitoring and prompt action had not been taken to mitigate the risk and meet the person's needs.

Although in general, people's healthcare needs were met, in relation to the person who had lost weight, this was not the case as no action had been taken when a recent further weight loss had been identified.

Medicines were not always managed safely. The provider's medicines audits had failed to identify a discrepancy in the number of a person's tablets. Audits had also identified medicines were stored at a temperature exceeding safe levels, but no action had been taken to address this.

There were systems in place to monitor the quality of the service but these had not been effective and had not identified the issues we found during our inspection. Although the provider told us they learnt from mistakes and made improvements when things went wrong, we found some concerns identified at our last inspection were repeated at this inspection. For example, no action had been taken when a person had continued to lose weight, and no action had been taken when the temperature of the medicines cupboard exceeded safe levels.

The provider sought feedback from people, but this was not always regular, and people had not been consulted this year. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to. We received positive feedback from people who used the service. People said staff were caring and treated them with dignity and respect.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

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

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Keats House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Keats House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We reviewed information we had received about the service since our 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.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke

with two members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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. We looked at training data and quality assurance records. We emailed two professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Not all the risks to people's safety and wellbeing had been assessed. One person was at risk of malnutrition and weight loss and records showed a continuous weight loss. We saw their weight had been monitored regularly until November 2019 but there was no weight recorded since then. We discussed this with a staff member and the registered manager. The staff member showed us a record in the diary of the person's weight recorded on 11 December. This indicated the person had lost a further two kilograms. They had not been weighed since and no action had been taken in relation to this latest weight loss.
- The registered manager told us they had emailed the GP previously to let them know about the weight loss. We saw evidence of the email which was dated 19 November 2019. The GP had not been concerned at the time. However, the weight loss had continued, and no further action had been taken. This meant this lack of action was putting the person's health at risk.
- Some medicines were provided in their original packages. These were correctly labelled and stated the person's name and date of birth, administration instructions and date of opening. Most medicines were supplied in blister packs. For the medicines supplied in their original packaging, staff kept a daily record of the number of tablets left following administration.
- We checked the medicines for all the people who used the service and for one person, we found a discrepancy. There were 17 tablets left in the bottle and this had been opened on 3 December 2019. We saw staff had not recorded the number of tablets left on 10 and 18 December. Staff had continued to record the amount incorrectly, and we saw 19 tablets recorded on 22 December. This record had been audited and a 'no error' comment recorded. This meant we could not be sure the person had received this medicine as prescribed.
- We saw one person's Medicines Administration Record (MAR) chart stated their medicines had been discontinued on 16 December. This was recorded and signed by the registered manager. We spoke to a care worker who told us the person was refusing their medicines, and the GP had discontinued these. The person's care plan stated they were not compliant with their medicines and a risk assessment was in place.

However, there were no instruction from the GP in the person's file in relation to discontinuing their medicines so we could not be sure this instruction had come from the GP. We discussed this with the registered manager who told us they were going to consult the GP again to review the person's medicines. They added that the person was doing well and seemed healthy.

- At our last inspection, we discussed with the registered manager the risk that during the summer months, the temperature could rise to a level that could affect the effectiveness of some of the medicines, where these need to be stored under 25 degrees centigrade. The manager had told us they would address this without delay. However, on the day of our inspection, the room where the medicines were stored was hot and lacked ventilation.
- We looked at the temperature records and saw that on several occasions, it exceeded the maximum level of 25 degrees centigrade. On one occasion reaching 27 degrees, and on several occasions reaching over 26 degrees. No action had been taken in relation to this. We brought this to the registered manager's attention who brought in a fan to attempt to ventilate the room.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety of people who used the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we saw that for most people, specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. There were guidelines for staff to follow to mitigate these risks. For example, one person's health was at risk because they were overweight. We saw their weight was being monitored and they were encouraged to follow a healthy fresh diet.
- There was an up to date fire risk assessment in place carried out by the registered manager and this was regularly reviewed. The provider undertook regular fire drills for staff and people who used the service. We saw records of these and saw they included comments and action plans. There were fire instructions and evacuation plans displayed around the home, including in the kitchen and staff were aware of the fire procedure. People had individual fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) in place.
- The registered manager told us there had been an inspection by the London Fire Brigade (LFB) this year but they had not received their report. They added there were some actions to be taken and these had been completed. They showed us in the diary that the inspection had taken place on 2 July 2019. However, they had not chased up their report and had not kept a record of the actions taken. During our inspection, the registered manager contacted the LFB who had no record of the visit. Another visit was requested.
- The provider had a health and safety policy and procedure in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including legionella, gas and electrical tests, electrical appliances and fire safety checks.

Systems and processes to safeguard people from the risk of abuse

- The registered manager told us they knew how to raise alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. There was a safeguarding policy and procedures in place and staff received training in this.
- When there had been a safeguarding concern in relation to a bruise found on a person who used the service, we saw the provider had worked with the local authority to investigate this and had met with the staff to discuss this. They told us, "Staff have to be more vigilant when they see bruises on people and let me know. I had a meeting with staff."

Staffing and recruitment

- People we spoke with were happy with the staffing levels. On the day of our inspection, there were enough staff on duty to care for and support people. We looked at the staffing rota for the month of December which showed that all shifts had been covered to ensure that care and support was maintained.
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed. We viewed the files of two recently recruited staff members and saw all checks were carried out appropriately.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. We saw that the kitchen, toilets, bathrooms and people's individual bedrooms and showers were kept clean and hazard free. The provider had carried out repairs and had started to update the environment. For example, new flooring had been laid.
- There was an infection control policy and staff received training in this. The provider used an 'Environmental cleanliness audit tool'. This recorded the level of cleanliness in people's rooms, communal areas, bathroom and toilets, and any area of concern. There were regular kitchen audits to help ensure it was clean and hygienic, including fridge, freezer and cooker. Audits also included the laundry area.
- We saw fridge temperatures were taken daily and were within safe range. Food was stored appropriately and safely.

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 requires improvement. At this inspection this key question has remained the same.

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

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

- We saw evidence that people's healthcare needs were recorded and that they were supported to attend healthcare appointments. However, where a person who used the service was at risk of malnutrition, staff had failed to monitor their weight consistently, and had failed to take appropriate action when a recent weight loss had been identified. This showed that staff were not always monitoring people's conditions and supporting them to meet their healthcare needs effectively.
- Notwithstanding the above, people told us that the service was responsive to their health needs. We saw evidence staff supported people to attend healthcare appointments. Letters from healthcare professionals were kept in people's care records. The outcome of appointments was discussed during handover meetings to help ensure all staff were informed of any changes in people's care needs.

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

- At our last inspection, we made a recommendation because people's bedrooms were not personalised and were bare and uninviting. At this inspection, we saw improvements had been made in relation to this. Some people invited us to visit their bedrooms. We saw these were personalised and included objects, photographs and ornaments of their choice. People told us they liked spending time in their rooms and showed pride in showing these to us.
- However, we saw the garden was bare and overgrown. There were no attractive features and a large broken garden item was discarded on the lawn. The patio was concrete and damaged in areas which could cause a trip hazard. We discussed this with the registered manager who told us they would address this without delay.

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. Pre-admission assessments included details about the person, their life history and how they wanted their care and support. All the people using the service were referred by the local authority who had provided detailed assessments of the person. This informed the provider of the person's needs so they could make a decision to see if they could meet these.

Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate skills and experience. Staff told us they had received

a good induction when they started to work for the service. This included training and working alongside other staff members. Two members of staff had been recruited since our last inspection. We saw they had received an induction which included training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new care staff an introduction to their roles and responsibilities within a care setting.

- Staff received regular training in subjects the provider considered mandatory. This included training in safeguarding adults, medicines administration, food hygiene and infection control. Staff were also provided with training specific to the needs of the people who used the service such as understanding of drug dependency, signs and symptoms of mental illness, and the ability to communicate effectively with people with mental illness.
- During the inspection we spoke with staff and looked at staff files to assess how they were supported within their roles. Staff told us, and we saw evidence, that they received regular supervision from the registered manager. The registered manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement.

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

- People were consulted about the food they wanted to eat and menus were devised according to people's choices. The registered manager told us people were encouraged to help shop for ingredients and cook to help maintain their independence as much as possible. As at our last inspection, we did not see any evidence of this on the day of our inspection. People ate their meals together in the dining area although they were supported to have their meals in their room if they wished to.
- The menus were varied and meals were cooked using fresh ingredients. People we spoke with told us they liked the food. One person said, "It's nice, I like my breakfast." The provider had 'catering audit' forms which were to gather people's feedback about the food they were offered. These included questions about the quality of the food, portion size, serving staff, variety and choice and condition and cleanliness of crockery and cutlery. We saw people had been consulted in October 2018, but there had not been an audit since. We discussed this with the registered manager who acknowledged this had not been done and told us they would address this.

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

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

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

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

- People told us they had been consulted about their care and had agreed to this. Where possible, people had signed their records to indicate they were consulted and agreed with the content of these. People we spoke with told us staff asked their consent and were respectful of their choices.
- We found that the provider understood the principles of the MCA and had followed its requirements. At the

time of our inspection, nobody was being deprived of their liberty.

Is the service caring?

Our findings

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

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

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

- At our last inspection, there were no meetings for people who used the service. The provider had told us they had improved this and regular meetings were now in place. At this inspection, although a meeting had taken place in November 2019, we saw there had not been a meeting for 10 months before this. This meant that we could not be sure people had regular opportunities to be involved in the service development. We raised this with the registered manager who acknowledged they needed to improve this.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, we found no evidence that staff promoted people's independence and included them in the daily running of the home. At this inspection, the registered manager told us they supported people to remain as independent as they could, by encouraging them to clean and tidy their room, and cook food with the staff.
- However, as in our previous inspection, we saw staff serving people rather than supporting them to maintain their independence and undertake tasks such as making drinks, or snacks, or being involved in cleaning and washing-up.
- People told us the staff respected their privacy and dignity, and we saw evidence of this on the day of our inspection. A staff member told us, "We keep people's records private and outside this place, we don't discuss the residents. When we do personal care, we close the door, and we always knock before entering. If people need to come in, they have to wait. We have to respect people."

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

- People we spoke with told us the staff treated them kindly and with respect. One person said, "Yes they are nice. I am happy here."
- There were arrangements for people to attend religious services of their choice. People were given information about churches in the area. The registered manager told us that people did not show any interest in this as most people did not follow a religion. However, staff were available to support people if they wanted to go to church.
- People's cultural needs were recorded and respected. For example, one person did not eat pork. Staff were aware of this and ensured suitable meals were offered.
- The provider had a sexuality policy in place but admitted this was not discussed with people who used the service. Although staff had access to the document, this was kept in a folder, and the registered manager had not discussed this with them. They told us they would start introducing this subject to meet people's

needs in this area.

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 requires improvement. At this inspection this key question remains the same.

This meant people's needs were not always met.

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

At our last inspection, the provider had not ensured people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found some improvements had been made in relation of care planning. However, we found that staff were not always monitoring people's conditions and supporting them to meet their healthcare needs effectively. This meant the service was still in breach of regulation 9.

- At our last inspection in December 2018, we found that people who used the service did not have person-centred care plans in place. This meant staff might not know how to meet their needs and there was a risk people would not receive the care and support they needed.
- At this inspection, although care plans were now in place, people's needs were not always being met. For example, where a person who had lost a significant amount of weight, action had not been taken in a timely manner and there was a risk the person's health would deteriorate.

This was a repeated breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were basic but clear and contained enough information for staff to know how to support each person. Care plans stated the person's care needs, such as personal care, mobility, continence, dental hygiene, medical history and communication. For each section, details of the person's ability and needs were recorded, and what action was needed to meet these.
- Staff completed daily reports of each person. These were detailed and written in a respectful and person-centred manner.

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

- At our last inspection, we found there was a lack of suitable activities for people with mental health needs. At this inspection, we found some improvements had been made.

- People were supported to undertake activities of their choice. An activity programme was in place and displayed in the communal room. People's care plans contained individual activity plans which reflected their likes and dislikes. There was an activity and group programme which included outings, current affair discussions, daily living skills, exercises, meditation and relaxation and basic cookery skills. The registered manager told us, "Some people like bowling, and they are able to go supported with staff. They are supported to go to local parks and shopping centres." On the day of our inspection, staff were organising a Christmas party. One person told us they were looking forward to this.
- The provider had met with each person who used the service to develop their life history. This was person-centred and helped staff understand the person, their background and individual needs.
- People were encouraged to visit relatives and friends and were supported with this. People told us friends and family members were welcome anytime. However, people were not supported to go on holiday. We discussed this with the registered manager who told us they had not thought about this and people were not asked. They told us they would discuss this with people in the next meeting.

End of life care and support

- At our last inspection, although the provider had an end of life policy, care plans did not contain people's end of life wishes, and staff had not received training in end of life care. At this inspection, we saw evidence that staff had received training in this. However, care plans still did not contain people's end of life wishes. We raised this with the registered manager who told us, "We discussed this with people, and they did not want to discuss this. They did not respond well to this." The registered manager told us they would continue to try to raise this subject with people.

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 registered manager was aware of the Accessible Information Standard (AIS). However, they told us none of the people currently using the service had any communication difficulties. They told us, "We know about AIS. All our people are able to read and communicate. We speak to people face to face, make eye contact. All of our people can communicate well. All speak good English."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure, and this was available to people who used the service and others. The registered manager told us they had not received any complaints in the last year. However, they told us they would address all complaints in a timely manner in line with their policy and procedures.
- The registered manager kept a log of compliments they received. We viewed a sample of these. Comments included, 'relaxing and friendly' and 'nice welcome, friendly environment'.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection in December 2018, we found that the provider's auditing system had not been effective and had failed to identify the issues we found during the inspection. At this inspection, although some improvements had been made, audits remained ineffective because they had failed to identify the issues we found during our inspection in relation to risk management, medicines management, the quality of the environment and meeting the needs of people. Consequently, they were unaware of the shortfalls and did not have plans in place to make the required improvements.
- The registered manager undertook monthly audits of the environment, such as furniture, health and safety, decoration, garden, and heating and water checks. They told us they carried out regular spot checks and these were recorded. However, we saw for 2019, spot checks had only been undertaken in September, October and November. We discussed this with the registered manager who told us they had carried out spot checks but only started recording these in September.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were staff meetings taking place although these were not always regular. We saw the minutes of the last meeting which took place in October 2019. However, there had not been a meeting before that since May 2019. Issues discussed included people who used the service, activity planning, training and inspections.

- People's feedback was obtained via quality questionnaires and we saw the last one showed a good level of satisfaction. However, this was in October 2018, and people had not been consulted since. The registered manager acknowledged they needed to address this. However, they told us they met and spoke with people regularly to discuss any issues or concerns they might have.

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

- People we spoke with said they had a good relationship with the registered manager. One person told us, "Yeah [they are] good." The member of staff we spoke with indicated they found the registered manager approachable and felt supported. Their comments included, "Yes I have felt supported and listened to."
- The management team consisted of the nominated individual, a registered manager and two team leaders. This was a family business and other members of the family were involved in the running of the service. The team worked closely to provide care and support to people who used the service. The registered manager was a qualified registered mental health nurse and had a diploma in counselling and a degree in community nursing, so they were experienced and qualified to meet the needs of the people who used the service.

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

- The provider understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The registered manager told us, "You have to be transparent, talk to people, when things happen, report it. You have to be open. We are not here to punish staff but to support them to improve. The more you hide things, the worse it can get."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with developments within the social care sector by reading publications, going on the internet and reading the Care Quality Commission newsletters. They said, "I have done all the mandatory training in the last year. I attend the provider forums. I read up a lot, get the care magazines, news, keep myself informed."
- They told us they ensured that all important information was cascaded to the staff team. This helped ensure that staff were included and kept their knowledge up to date. The registered manager also liaised with another registered manager in the area and told us they shared relevant information.
- The provider worked closely with the local Community Mental Health Team (CMHT) who provided support and advice, so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff.
- The registered manager told us they worked in partnership with other healthcare and social care professionals so they could communicate about people's needs and share their knowledge and skills. They said, "I liaise with other managers and communicate with them in relation to care issues. We also offer training on not just mandatory training but other stuff like falls."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not do everything reasonably practicable to make sure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1) (a) (b) (c) (d)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment. Regulation 12 (1) (2) (a) (b) (g)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17(1) (2) (a) (b) (c)

The enforcement action we took:

warning notice