Rutland House Care Home Limited

Rutland House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 October 2016 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in October 2014. At that time we gave the service an overall rating of 'Good' although we imposed one requirement notice which we checked during a focused inspection in August 2015. We found the provider was meeting the regulations we looked at that inspection.

Rutland House Care Home provides accommodation and personal care for up to 20 people. The service specialises in the care and support of older people who may be living with dementia. At the time of our inspection there were 16 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we identified a lack of clear, accessible guidance for staff as to how, when and why some medicines should be administered. Some medicines administration records (MAR) were poorly maintained which did not allow for a clear audit trail and increased the risk of mistakes being made when medicines were administered. We also found the provider's policy and procedure for homely remedies did not comply with national good practice in this area. A homely remedy is a non-prescription medicine that is available over the counter and can be used in a care home for the short-term management of minor, self-limiting conditions.

The issues we found with the management of medicines did not give us full assurance that the provider's quality assurance systems were fully effective. Although managers carried out medicines audits they did not check that current arrangements reflected best practice so there was a risk that people would not always experience the best care and support they needed to keep them safe and promoted their wellbeing.

We also found some of the information contained in records or policies and procedures was out of date or inaccurate. We found on one care record two different versions of a person's support plan, which could have been confusing for staff unfamiliar with their needs. People were also not correctly informed about how they could take their concerns or complaints further if they were dissatisfied with the service.

We found two breaches of regulations during the inspection. These were in regards to safe care and treatment and good governance. You can see the action we have told the provider to take with regard to these breaches at the back of the full version of this report.

The home manager acknowledged that more thorough checks and audits of key aspects of the service were needed and had employed a member of staff to specifically support them with this. The home manager had

been proactive in making improvements when shortfalls in the service had been identified. Following an inspection of the home by London Fire Brigade this year, they made considerable investment in making the required improvements to bring the home up to the required standard.

Relatives told us their family members were safe at Rutland House Care Home. Staff were clear about their duty and responsibility to safeguard people from abuse. Managers worked proactively with other agencies to ensure action was taken to sufficiently protect people. This included taking action when allegations were made about the inappropriate conduct of staff towards people they supported. Staff knew how to minimise identified risks in order to keep people safe from injury or harm. Managers ensured maintenance and service checks were carried out at the home to ensure the environment and equipment was safe. Staff kept the home free of obstacles so that people could move freely and safely around.

People and their relatives were involved in planning and making decisions about their care and support. People's support plans reflected their specific needs and preferences for how they were cared for and supported. People's care and support needs were reviewed monthly to identify any potential changes to these. Staff had a good understanding of people's needs and how these should be met. Staff supported people to keep healthy and well, to drink and eat sufficient amounts to meet their needs and to do as much as they could for themselves. Despite the issues described above, our checks of stocks and balances confirmed people had received their prescribed medicines. These were stored safely at the home. Staff ensured people were able to promptly access other healthcare services and professionals when needed.

People were encouraged to develop and maintain social relationships with others in the home. Relatives and friends were welcome to visit with people at the service and no restrictions were placed on them. People were supported to undertake activities to reduce risks to them of social isolation.

Staff ensured people's right to privacy and to be treated with dignity were maintained. They spoke with people respectfully and supported them appropriately when they became agitated. Staff made sure confidential information about people was kept securely. The way they supported people during the inspection was respectful, patient and considerate.

Relatives were satisfied with the care and support provided to their family members. Relatives said they were comfortable talking to managers about any issues or concerns they had and they told us they felt listened to. Relatives and staff said managers were open and approachable and asked them for their ideas or suggestions about how the service could be improved.

There were enough suitable staff to care for and support people. Managers carried out appropriate checks on staff to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. They told us they were well supported by managers and encouraged to deliver care to a good quality standard.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and conditions on authorisations to deprive a person of their liberty were being met. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests, and there is no other way to look after them.

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 always safe. There was a lack of clear and accessible guidance about administering some medicines. Medicines administration records (MAR) were poorly maintained which increased the risk of mistakes being made. The provider did not follow good practice in respect of homely remedies.

However our checks of stock and balances showed people received their prescribed medicines. Medicines were stored securely at the home.

Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing. Regular checks of the premises and equipment were carried out to ensure these were safe.

On the day of our inspection, there were enough staff to meet people's needs. Managers carried out checks of their suitability and fitness to work at the home.

Is the service effective?

Good

The service was effective. People said the home was a comfortable place to live.

Staff received appropriate training and supervision to help them meet people's needs. They monitored people ate and drank sufficient amounts and reviewed their general health and wellbeing. They ensured people had access to appropriate support when any concerns were identified about their health and wellbeing.

Staff assessed people's ability to consent to the care and support they needed. They were aware of their responsibilities in relation to the MCA and DoLS.

Is the service caring?

Good

The service was caring. People spoke positively about staff. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

Staff respected people's right to privacy and to be treated with dignity. They spoke with people respectfully and supported them appropriately when they became anxious. Staff made sure confidential information about people was kept securely.

People were supported to do as much as they could for themselves. No restrictions were placed on relatives and friends who were made to feel welcome at the home by staff.

Is the service responsive?

Good

The service was responsive. People had personalised support plans which set out how their needs should be met by staff. These were reviewed monthly to identify any changes that may be needed to the support people received.

People were encouraged to develop and maintain social relationships with relatives, friends and others in the home and to participate in activities.

People were satisfied with the care and support provided. Arrangements were in place to deal with people's complaints, although people were given inaccurate information about how to take their complaint further.

Is the service well-led?

Requires Improvement

The service was not always well led. Systems in place to check the quality and safety of the service were not fully effective. They did not reflect best practice so that people experienced good quality, safe care. Not all records kept by the service had been maintained so that they were accurate and up to date.

People, relatives and staff spoke positively about managers and felt listened to and valued. They were asked for their views about how the service could be improved.

The home manager was proactive in making improvements when shortfalls in the service were identified.

Rutland House Care 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 checked 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 11 October 2016, was unannounced and carried out by a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission.

During our inspection we spoke with six people living at the home, six relatives and a healthcare professional who was visiting the home on the day. We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and the home manager, who had day to day responsibility for the management of the service. We also spoke with three care support workers. We looked at records which included four people's care records, 10 medicines administration records (MAR), six staff files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

All the relatives we spoke with told us their family members were safe at Rutland House Care Home and had no concerns about their welfare or wellbeing. One relative said to us, "Yes, I feel [family member] is safe." Another told us, "There's no hint of inappropriate behaviour." And another said, "I've got absolutely no concerns about this place."

During this inspection we found current arrangements for the management of medicines at the home were not as safe as they should be. Our checks of current stocks showed people had received the medicines that had been prescribed to them. However, medicines administration records (MARs) did not indicate clearly who had administered the medicines. The provider maintained a list of staff they had authorised to administer medicines along with the corresponding signature they would use when signing records to confirm this. We found staff did not use the agreed signature and used letter codes instead to confirm they administered medicines. This was confusing as letter codes were used to record when medicines had not been given and the reason why.

We also found a member of staff was administering medicines to people that was not on the provider's list of authorised staff members. We discussed this with the home manager who confirmed the list had not been updated to include them as an authorised person. When staff administered topical creams or ointments they ticked they had done this on MARs rather than sign to confirm this was administered. Poorly maintained records increased risks of mistakes being made when medicines were administered.

We noted for one person a lack of accessible guidance to staff on how and when to administer a prescribed 'as required' medicine. 'As required' medicines are only needed in specific situations such as when people may require relief from increased anxiety. The lack of guidance about this medicine increased the risk that the person may not receive this when they required it, because staff would not know how, when and why this medicine should be administered.

We also saw staff did not have access to clear instructions or skin maps for how, when and where to administer prescribed creams or ointments. Skin maps provide visual guidance for staff on where to administer creams or ointments. It was clear that staff were applying these, but were not keeping detailed records about how, when and why this was done. This meant the provider could not be assured these were being administered correctly and as prescribed.

The provider's policy and procedure for homely remedies did not comply with good practice in this area. A homely remedy is a non-prescription medicine that is available over the counter and can be used in a care home for the short-term management of minor, self-limiting conditions, such as headaches, cold symptoms or occasional pain. The provider's policy and procedure did not address instances when people who should not be given certain medicines or products. For example paracetamol should not be given as a homely remedy if a person is already receiving prescribed paracetamol. The policy was last authorised by a GP in 2012 which meant the provider had not reviewed that named medicines or products continued to be appropriate for use.

These issues amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were, however, stored securely in the home. The provider also followed good practice in the recording and storage of controlled drugs.

The provider had systems in place to identify, assess and manage risks posed to people by their current health care conditions and the home environment. Senior staff assessed each person to identify the specific risks posed to them and put in place guidance for staff to follow in how to reduce and manage identified risks. For example where people were identified at risk of choking when eating or drinking, staff were instructed to support people in a way that minimised this risk such as giving people fork mashable food, which was easier for them to swallow. Identified risks were reviewed monthly by senior staff to check the measures put in place to reduce and manage these remained appropriate. Measures were also put in place to keep people safe in the event of an emergency. For example, each person had a personalised evacuation plan (PEEP) in case of a fire or other emergency that instructed staff and/or others how people should be evacuated in a safe way from the home. Staff demonstrated a good understanding of how to keep people safe from risks posed by their specific needs and the environment.

The environment and equipment within the home were checked to ensure they did not pose unnecessary risks to people's health, safety and wellbeing. Records showed maintenance and servicing had been undertaken for the fire equipment, alarms, emergency lighting, call bells, water hygiene, portable appliances, hoists, the stair chair lift and the gas heating system. The environment was kept free of obstacles and hazards which enabled people to move safely around the home.

Staffing levels at the home took account of the number of people at the home and their level of dependency so that there were sufficient numbers to meet their needs. Relatives told us they visited the home at different times of the day and week, including at night and at the weekend, and said staffing levels remained consistent throughout. We saw on the day of our inspection there were enough staff on duty to provide support and assistance to people when they needed this. The home manager said, at times, temporary staff were used to cover any gaps in shifts but wherever possible the same staff were used so that people experienced some continuity and consistency in the support they received.

Managers followed safe recruitment practices to ensure appropriate staff were employed to work at the home. All applicants were required to complete an application form and attend an interview so that their knowledge and skills could be assessed. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining references from previous employers and/or character references and criminal records checks. Staff also had to complete a health questionnaire so that the provider could assess their fitness to work.

Managers ensured that staff working in the home received appropriate training in how to safeguard adults at risk. Staff were clear about their duty and responsibility to safeguard people from abuse. They told us about the signs they would look for to identify situations or circumstances in which people may be at risk and the action they would take to ensure people could be sufficiently protected. The provider's safeguarding procedure set out for staff how to raise any concerns they had about the safety and wellbeing of people. This was clearly displayed in the home so that it was accessible to staff. Records relating to safeguarding concerns about people showed managers worked proactively with other agencies to ensure action was taken to sufficiently protect people. This included taking appropriate action when allegations were made about the inappropriate conduct of staff towards people they supported.

Good

Is the service effective?

Our findings

Relatives told us staff supporting their family members were able to meet their needs and provided the care and support planned for them. One relative said, "Actually, I think they do a great job. [Family member's] needs are catered for." Another told us, "I feel [family member] is well cared for." And another said, "I didn't know what to expect but they have been brilliant. They got a doctor for [family member] when she was poorly and they've been on top of everything."

Staff received appropriate training to meet people's needs. Staff attended training in areas appropriate to their work including moving and handling procedures, first aid, dementia awareness, fire safety, food handling, infection control and end of life care. Specialist training had also been provided to staff where people had a specific need, for example stoma care. The home manager monitored training needs and arranged for staff to attend refresher training to update their existing skills. A staff member said, "We get training every year. Every year we learn more and more." Another told us, "The manager provides a lot of training. It helps us to do our jobs properly."

People were cared for by staff who were supported in their roles by managers. Staff attended a supervision (one to one) meeting every three months in which they were encouraged to reflect on their working practices and discuss any issues or concerns they had that could impact on their work. Staff also had an annual appraisal of their work performance where they had an opportunity to discuss their on-going learning and development needs. A staff member said, "[We] always have supervision…I like it as I get to find out how well I'm doing."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home manager undertook assessments to evaluate people's ability to consent to the care and support they needed. Where managers identified people lacked capacity to make decisions about specific aspects of their care and support, they involved family members, healthcare professionals and others involved in people's care, to make decisions that were in people's best interests. Staff had been trained in the MCA and DoLS and were aware of their responsibilities in relation to the Act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisations.

People were supported by staff to eat and drink sufficient amounts to meet their needs. One relative told us

their family member went through a period when their eating habits changed. Staff tried different things to encourage them to eat which eventually enabled them to identify a suitable diet that the person preferred. People's nutritional needs were assessed by the manager, who took account of their healthcare conditions as well as their specific likes and dislikes for food and drink. They used this information to plan menus and meals that met people's specific needs such as a soft diet. We observed the lunchtime meal, which people appeared to enjoy. One person, when staff asked if they had liked their meal, replied, "Yes, it was very nice." Another said, "I thoroughly enjoyed my pudding." People that didn't want to eat the main meal on offer were provided an alternative that suited them. One person asked for a jam and butter sandwich instead of the cooked lunch and the manager arranged for this to be provided. People could eat when and where they wished. A relative said, "They give [family member] food at times that suit her." Throughout the day staff continually offered people drinks and snacks. Jugs of juice and water were placed in the communal lounge and in people's bedrooms to support people to drink fluids to keep them hydrated. A relative said, "They always keep a fresh jug of water in [family member's] room." Staff monitored people's food and fluid intake to check that people were eating and drinking enough to meet their needs.

Relatives said staff supported their family members to maintain their health and wellbeing. One told us, "[Family member] is so much happier here. In their previous home they were confined there…she's a lot freer here and she can move around and someone keeps an eye on her." A visiting healthcare professional told us staff had a good understanding of people's healthcare needs and how these should be met. Staff carried out a range of checks to help them identify any underlying issues or concerns about people's health and wellbeing. They maintained daily records of the care and support provided to people which contained their observations and notes about people's general health and wellbeing. Monthly health checks were also carried out. For example, people's weights were monitored to check for weight loss or gain that could affect their overall health and wellbeing. Records showed, where concerns had been identified about a person, staff took prompt action to ensure they received appropriate care and support from the relevant healthcare professionals. For example, for one person, staff sought advice from external specialists such as a dietician and speech and language therapist about how they could be better supported to eat and drink sufficient amounts.

Relatives described Rutland House Care Home as a "comfortable" and "homely" place to live. One said, "It's not the swishest care home but older people like familiarity and a homely feel and it definitely has that." Another told us, "It's nice and open with a separate dining room so people get a choice where to go." Another said, "They bought some new furniture for [family member's] room. It has no hard edges which is good in case she has a fall." We saw hand and grab rails had been located throughout the home to make the building more accessible to all. Easy to read and pictorial signage was used throughout the home to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms and communal areas including the lounge and dining room. Some of the furniture and furnishings did look dated but it was kept clean. The home manager said they would be replacing older furniture and furnishings as part of a rolling programme of improvements. At the time of our inspection, arrangements were being made to replace some of the carpeting in the home.

Good

Is the service caring?

Our findings

Relatives spoke positively about staff at the service. One said, "They're kind and caring." Another told us, "Love the staff. They're wonderful here." And another said, "It's like a family. Very kind and loving." A visiting healthcare professional described the staff as "lovely" and "helpful" each time they called in to the home. Staff were enthusiastic about their work. They knew people well and were able to tell us how people's specific needs should be met. One told us, "I want to make life as easy and happy for people as much as possible."

We observed a range of interactions between people and staff during the course of our inspection. Staff were friendly and cheerful and spoke to people in a kind and respectful way. They listened to what people had to say without interruption. They encouraged people to take their time to make choices or decisions and then ensured these were met. Where people had more complex communication needs, staff were observant of signs, gestures and sounds made by people to indicate what they wanted or needed.

During the lunchtime meal staff gently reminded people what they were going to eat before serving their meal. They checked that people wanted to eat what was on offer and told people they could have an alternative if they wanted this. People eating their meal in the dining room did not require any support from staff. The atmosphere was relaxed and unhurried and people were left to eat at their own pace. Staff remained present throughout, checking that people were enjoying their meal, offering drinks and bringing in dessert when people were ready for this.

We saw one person being supported to eat their lunch by a member of staff in the lounge. This was done in a respectful way. The staff member sat next to the person, maintained eye contact with them and took their time to explain what they were doing. People who didn't want to eat lunch at that time were made comfortable in the lounge and offered drinks. On one occasion we observed one person became agitated and the home manager immediately responded by speaking gently and kindly and distracting them in a positive way so that they eventually became calmer.

Staff treated people with dignity and respect. A relative told us, "[Family member] always looks well presented." We saw people's skin and nails were clean, their hair was neat and tidy and they were dressed in clean, seasonally appropriate clothing. People's doors were kept closed when they were being supported with their personal care so that their privacy was protected. A staff member told us, "I give people choice and privacy but I won't press personal care if they don't want this. I'll leave it and then try again later as they might have changed their mind." Another told us, "Personal care is very important. It is important that people can have a wash and can dress properly in nice clothes." Records containing personal and sensitive information about people were stored securely. We observed staff were respectful and discreet when talking to us or colleagues about people's care and support.

People were supported to be as independent as they could and wanted to be. We saw staff encouraged people to do as much as they could for themselves. We saw one instance of this at lunchtime when a staff member placed a spoonful of food in one person's hand and then gave them lots of positive encouragement

to take this up and eat, which the person did. Staff told us they gave people control of aspects of their care and support and only stepped in when people couldn't finish this themselves, for example when having a wash or getting dressed.

Staff were warm and welcoming to relatives, friends and visitors to the home. Relatives told us they were free to visit their family members when they wished and no restrictions were placed on them. One relative said, "I can come in, go in the kitchen and make myself a cup of tea if I wanted."

Good

Is the service responsive?

Our findings

All the relatives we spoke to during our inspection shared positive experiences of the care and support provided to their family members. One relative said, "I feel [family member] is happy here and have no concerns." Another told us their family member's previous experiences of care in another home had not been positive. They said, "She's so much happier [here]." Relatives told us they felt confident that if they had any issues or concerns about the care and support their family member received, this would be dealt with appropriately. One relative said, "[Managers] will listen to you and take everything on board." Another told us, "I can talk to [managers] about anything that concerns me."

There were arrangements in place to respond to people's concerns and complaints if these should arise. A complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about any aspect of the service. The home manager carried out investigations into the circumstances surrounding any complaint made and provided a response to the person making the complaint. We noted information for people about what they could do if they remained dissatisfied was misleading. It advised people to contact CQC in this instance rather than the Local Government Ombudsman (LGO), who are responsible for investigating complaints about adult social care providers. We discussed this with the home manager who said they would update the procedure to reflect where and how people could take their complaint further if they wished.

People were supported to contribute to the assessment of their care and support needs. Their family members or others involved in their care, such as their advocate also had input and involvement in making decisions about the support people needed. A relative told us, "We had a meeting just two weeks ago and we talked about care plans." Information from these assessments was used to develop a support plan which set out how people's needs should be met by staff. These were personalised and contained information about people's life history, their likes and dislikes and how they wished for their care and support to be provided. Senior staff reviewed people's support plans monthly to identify any changes that may be needed to the care provided. We saw when people's needs changed, a new plan was put in place to reflect the level of support people required. Staff demonstrated a good understanding of the care and support people needed.

People were encouraged to participate in activities in the home and community. A relative said, "They do a lot of activities. They always have music people visiting and they play games and do colouring." Another relative told us, "[Staff] try and keep people occupied." In addition to planned activities such as games and visits from musical entertainers twice a week, staff undertook one to one activities with people. For example, we saw two people helped staff to fold freshly laundered linens and napkins which they appeared to enjoy doing. Another person wanted to go out for some fresh air and they were supported to go out for a walk with staff. In the afternoon people and relatives took part in a lively game of bingo. Staff created a warm and fun atmosphere so that everyone could take part if they wanted to. People that had specific spiritual beliefs were supported by staff to attend religious services in the community if they wanted this.

People were supported to develop and maintain relationships. The managers encouraged people to

develop positive relationships with each other in the home. For example we saw one group of people who had all become friends were supported to sit and take afternoon tea and biscuits together which they did every day. People's relatives and friends were encouraged and welcome to visit people at the home. The managers also arranged social events such as summer and Christmas parties and friends and relatives were all invited to attend so that they could take part, celebrate and enjoy the festivities with their family members.

Requires Improvement

Is the service well-led?

Our findings

Some of the arrangements in place for checking the quality and safety of the service that people experienced were not fully effective. We found concerns with the management of medicines, which had not been picked up through the managers' own medicines audits and which did not reflect recommended good practice in this area. By not adhering to good practice the provider ran the risk that people would not always experience the best care and support they needed to keep them safe and to promote their wellbeing.

We also found that some of the information contained in records or policies and procedures was out of date and potentially misleading. For example we found in one person's care record two versions of their support plan. One version had superseded the other and the latest version reflected their current care and support needs. Nonetheless, two plans on the same record could be potentially confusing to a member of staff unfamiliar with the person's current needs. We also found the complaints procedure did not give accurate information to people about the next step to take if people or relatives were unhappy with the way managers had dealt with their complaint. This indicated that the service's policies and procedures relating to the management of the service had not been regularly reviewed to ensure these were up to date and accurate, which the home manager confirmed. There were risks to people of not receiving appropriate care because staff maybe following outdated policies and procedures when caring and supporting them.

These issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home manager acknowledged that more thorough checks and audits of key aspects of the service were needed and had already employed a member of staff to specifically support them with this. At the time of the inspection the home manager was waiting for satisfactory criminal records checks before the new member of staff could start work at the home.

Relatives and staff spoke positively about the management of the home and the support managers provided. Relatives described managers as 'approachable', 'open' and focussed on meeting the needs of people living at the home. They told us they felt listened to and valued by managers. Staff said managers encouraged them to deliver care to a good quality standard.

People and relatives were asked for their views about the quality of the care and support they experienced and how this could be improved. Quality surveys were given to people and their relatives each year to complete. This was undertaken most recently in September 2016 and completed surveys showed people at that time had been satisfied with the standard of care and support. Very few suggestions had been made by people for how this could be improved. Staff said managers asked them for their ideas or suggestions about how the service could be improved.

Managers had been proactive in making changes and improvements when shortfalls in the service had been identified. For example, following an inspection of the service by London Fire Brigade this year, the home manager had taken action to address the deficiencies which had been identified at that visit and had made

considerable investment in making the required improvements.

Managers understood their role and responsibilities particularly with regard to CQC registration requirements and legal obligations to submit notifications of events or incidents involving people who use the service. We were aware through discussion with the managers of an injury that one of the people living at the home had sustained following a fall, in the days preceding our inspection. Although the home manager had not had an opportunity to complete the necessary statutory notification this was submitted immediately after the inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider could not be assured that all medicines were being administered correctly and as prescribed. (Regulation 12(2)(g)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Arrangements in place for checking the quality and safety of the service were not fully effective and reflective of best practice. People were at risk of not receiving good quality care which kept them safe and promoted their wellbeing (Regulation 17(2)(b)). Not all care records had been maintained so that they were up to date (Regulation 17(2)(c)) and some information in the service's policies was misleading for people (Regulation 17(2)(c)).