Care Quality Commission

Miss Angela Louise Brown

Kathleens Lodge

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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected Kathleens Lodge on 26 May 2015. Kathleens Lodge is a residential care home that provides accommodation and support for up to twenty people .The people living there are older people with a range of physical and mental health needs. Most people living at Kathleens Lodge are people who are living with dementia. The home does not provide nursing care. On the day of our inspection there were eighteen people living at the home. Kathleens Lodge is a large detached house set back from a main road. It has a large patio and garden area for people to access.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and provider had a good oversight of the running of the home and a thorough knowledge of the people that lived there. However there was no clear system of quality assurance in place that audited practice within the home in order to help ensure continuous improvement. This is an area that we have identified that requires improvement.

Summary of findings

People who lived at Kathleens Lodge were not consistently safe. They were cared for by staff that knew them well and were aware of the risks associated with most of their care needs. Staff were aware of the potential signs of abuse and who to report this to.

Risk assessments were not carried out for everyone regarding the use of a stair gate which could be restrictive for some of the people living there, limiting their movement. On the day of our visit there were not always enough staff on duty. We have identified these as areas that require improvement.

We could not see that people were informed or consulted regarding the use of CCTV in the home. We have identified this as an area that requires improvement.

The registered manager and staff had received training about the Deprivation of liberty safeguards (DoLS). People who required a DoLS had been referred to the local authority for assessment.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had received training in this area.

Staff were appropriately trained some of whom held a Diploma in Health and Social Care. All staff had received essential training. Staff had received training in supporting people living with dementia. Staff had started a new recommended training called The Care Certificate which provides a benchmark for training in adult social care.

People could choose what they wanted to eat from a daily menu. One person said "You feel like the food is nourishment". People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet.

Staff knew people well and were aware of their individual needs. One person said "They know me and what I like". They interacted with people with warmth and humour. They told us they respected people's privacy and dignity and we saw this on the day of our inspection.

We observed activities taking place but could not see how individual one to one activities were planned for people living with dementia. We have made a recommendation regarding this and it is an area that needs improvement.

We found 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.

Summary of findings

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

People's risks had not been assessed in relation to the use of a stair gate and the restrictions it may pose to people.

There was not enough staff on duty to support people with meaningful activities.

Safe recruitment practices were followed. Medicines were managed, stored and administered safely.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

Is the service effective?

Good

The service was effective.

People's consent to their care and treatment was obtained. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

People could choose what they wanted to eat and had sufficient to maintain a balanced diet. They were asked for their views about the food. People had access to and visits from, a range of healthcare professionals.

Staff received essential training and new staff completed a comprehensive induction programme. Communication between staff was good

Is the service caring?

Requires improvement

The service was not consistently caring.

People's human rights had not been taken into account with the installation of CCTV. Their privacy and dignity had also not been considered.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

There was limited consideration given regarding the one to one needs of people living with dementia in relation to their interests and activities.

Care plans provided information about people so that staff knew how to care for them.

Summary of findings

People were supported to stay in touch with people that mattered to them. There had been no formal complaints but concerns were listened to, investigated and acted upon.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

There were no formal systems in place to monitor the quality of the service, highlight any shortfalls and identify actions necessary for improvement.

People were asked for their views about the service. Relatives were also asked for their feedback.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication and people were placed at the centre of their care.

Kathleens Lodge

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.

The inspection took place on 26 May and was unannounced.

Two inspectors and an expert by experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the expert by experience had knowledge of the needs of older people living with dementia.

We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On this occasion we did not ask 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.

On the day of our inspection, we spoke with six people using the service and five relatives. We spoke with the registered manager, the provider, a senior carer, the chef and three carers. We looked at people's care records, staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The last inspection took place on 23 October 2013. The home was fully compliant with all outcomes inspected and there were no outstanding compliance actions or enforcement action.

Requires improvement

Is the service safe?

Our findings

People we spoke with at Kathleens Lodge told us they felt safe, free from harm and would speak to a member of staff if they were worried or unhappy about anything. One person said "You can speak to anyone even the manager; I have a keyworker as well". Relatives also said that the home was safe and clean.

One relative told us "The service is absolutely brilliant" and that their relative was "very well looked after". Another relative told us that their family member was "very happy since she's been there". However we found some practices which were not always safe.

The service was not consistently safe. On the day of our visit there was not enough staff on duty in the morning. People were left in the dining room area with minimal supervision. People had been given coloured pencils and paper as an activity but there were no staff available to support with this activity. We observed that there was enough staff on duty in the afternoon to meet people's needs. We also noted that there were only two members of staff on duty after eight o'clock in the evening. As some people required the support of two staff members to assist them getting ready for bed this could mean that people were left without support when needed at that time of day. Two relatives we spoke with raised concerns that there may not be enough staff on duty particularly in the evening. We discussed this with the registered manager who told us that presently people's needs indicated that two members of staff were sufficient to meet people's needs after eight o'clock at night. They told us that if people's needs changed they would increase staffing levels. We did not see any tools that indicated that staffing needs were calculated on the basis of the levels of peoples' care needs. This meant that we were unable to ascertain how the registered manager assessed the need for staffing levels.

There were not enough staff on duty on the morning of our inspection to support people with meaningful activities. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's individual risks were assessed and documented in their care records. Risk assessments were in place for needs such as falls, hydration, nutrition, personal hygiene, medicines and going out. These were recorded in a grid and easy to read format. For example where someone needed a walking aid to assist with their mobility this was identified. Where someone needed a hoist a risk assessment was in place for using this. Where external professionals had been required to assist with this process we saw that this had been documented. For example someone had been seen by a speech and language therapist (SALT) who had recommended that the person have a soft diet. This had been recorded and implemented. Where someone was identified as being at risk due to increased agitation or disorientation due to their dementia this was recorded and strategies for minimising the risk identified. For example where someone became agitated in the evening it was recommended that they be reassured and engaged in an activity.

There was a stair gate at the bottom of a flight of stairs leading to the first floor. This had been put in place for the safety of certain individuals. We observed that some people were able to unlock the gate and access the staircase as needed. The registered manager told us that people who were safe to access the staircase were able to operate the stair gate. However we did not see any risk assessments that indicated that this piece of equipment was in place for their safety. Similarly there was no documentary evidence in place for people who didn't need the stair gate to indicate they were able to operate the gate and were therefore not restricted by its presence.

Accidents and incidents were recorded. However the actions taken to address what had happened were not always recorded and we could not see whether the accident or incident had led to a change in the person's risk assessment and care plan. There was no overall analysis of accidents and incidents by the registered manager making it difficult to establish patterns or trends that may indicate the need for a change in a person's care or support. Following the inspection the registered manager gave us examples of two people for whom falls had been identified as a risk and referrals made to the falls prevention team via the GP.

The absence of risk assessments regarding the use of the stair gate and the lack of actions recorded following an incident meant that the assessments of risk for a person living at Kathleens' Lodge were not always carried out. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff had received recent training in safeguarding adults including the chef and domestic staff. Staff knew how to

Requires improvement

Is the service safe?

protect people from abuse and could identify potential signs in a person such as someone becoming more withdrawn or more agitated. Staff were aware that they needed to report any concern immediately to a manager in order for them to assess the situation and act accordingly. The registered manager told us that there were no open safeguarding investigations but that they knew who to contact in the local authority should a safeguarding incident need to be referred. They had access to the local authority's multi-agency policy and procedure. Staff signed to say that they had read these. By seeing this and talking to the registered manager we could see that they understood their duties in relation to reporting concerns and working in partnership around any investigation that may need to take place.

People told us that their medicines were administered on time and that supplies didn't run out. One person said "I have regular medication which they give me. It's always on time and sorted for me".

Medicines were stored and administered safely. We observed lunch time medicines being administered and saw that staff administered medicines safely. Medicines were stored appropriately in a locked cabinet. The medicines trolley was locked when it was left unattended. The staff member wore a tabard to indicate that they were administering medication and were only to be approached if really needed. This ensured that the risk of being interrupted and making a mistake was minimised. Medicines were delivered in a four week cycle and arrived five days before the end of the cycle. This ensured people did not run out of medicines.

Medicines were recorded on medication administration records (MAR) charts. We found no errors in recording on the day of our visit. A pharmacist had carried out an audit in November 2014 and found everything to be in place with one recommended action to record the name and date of the person who discontinued a person's medicine.

We looked at four staff files and saw that all the appropriate recruitment documents were in place. For example everyone had two references on file, their application form and their Disclosure and Barring Service (DBS) number. This ensured that people were protected against the risk of unsuitable staff being recruited to the service.

Good

Is the service effective?

Our findings

The registered manager told us that she was aware of who to contact should a person need a Deprivation of liberty safeguard (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager informed us that three people had authorisations in place and that further referrals had been made for other people living at the home. Staff and the registered manager understood the principles for assessing people's mental capacity as laid out in the Mental capacity Act 2005 and the need to make best interest decisions when someone lacks capacity. We saw evidence of this for one person who required medical treatment for an infection and for one person who required their medicines to be administered covertly.

People and their relatives told us that staff were competent and skilled in their roles. One person told us about staff "They're good and well trained, just good staff". Another person said Oh yes, they know what they're doing alright". A relative told us about staff "They just have a way, they've got the right attitude. There are never raised voices, it's all very relaxed and they know how to diffuse situations".

Staff told us that they received plenty of training relevant to their roles which supported them to deliver care to people living at the home. Staff told us they received training in areas such as fire, health and safety, moving and handling, safeguarding adults, the Mental Capacity Act 2005 and medicines management. They had also received training in dementia. Staff told us that there were opportunities to participate in other training courses including Diplomas in health and social care. Staff received an induction when they stared working at Kathleens Lodge. This involved completing an induction handbook that introduced staff to the principles and knowledge required to deliver good quality care to people. Staff also shadowed other members of staff which supported them to understand their role and get to know the needs of the people living at the home. Staff told us that they could ask for additional time to shadow if they felt they needed it to gain confidence and knowledge in their roles. Records supported this and demonstrated that training had been received. Staff told us that training had enabled them to carry out their roles effectively in their delivery of practical care and in understanding the needs of people.

Some staff and the registered manager said that they were completing The Care Certificate. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. The registered manager was planning for all staff to complete this which would ensure that staff's training was current and up to date in accordance with new legislation.

Staff told us that they had regular supervision meetings which supported them in carrying out their roles. Staff records showed that people had regular supervision. The supervisor requested a questionnaire be filled out prior to supervision which asked staff to reflect on their knowledge and posed questions such as 'List the core values of care?' and practical questions such as 'How do we prevent cross contamination?' This showed us that staff were expected to reflect on their knowledge and demonstrate what they had learned.

People told us that they enjoyed the food provided at Kathleens Lodge. One person told us "The chef is very good, they don't buy cheap you know". Another person said "You feel like the food is nourishment". The chef told us that she asked people every day what they wanted to eat and kept a record of this. People were offered alternatives such as salads and omelettes if they did not want the main meal provided on each day. One person told us "I'm very finicky with my food and they always ask me what I want". At that moment the chef came and asked if the person wanted stew, when they said they didn't a ham salad was offered as an alternative. We did not see a visual prompt either written or pictorial that showed people what was on offer for lunch or dinner in any of the communal areas. This would aid orientation and decision making for people with memory loss.

There was bar area that adjoined the dining room where juice and glasses were placed and people could help themselves at any time. They could also order a tea or coffee from there.

We saw that dining tables were laid with nice tablecloths, serviettes, cutlery and glasses of juice. One person sat apart in a quiet area and ate their meal from a table. We

Good

Is the service effective?

observed that people who needed support were assisted. People were asked if they had had enough to eat or if they wanted more. Staff chatted to people in a gentle way and when someone got up to leave the table before they had finished they were gently encouraged to return to the table and finish their meal. When someone became confused about where they were they were reassured and re-orientated to their surroundings.

Care records we looked at showed us that people's dietary requirements were documented. For example if someone had seen a SALT (speech and language therapist) their recommendations were recorded around the type of diet a person needed, such as a soft diet. Where another person was identified as having difficulties with swallowing they had a liquidised diet. Referrals to doctors and community nurses were made when a need was identified and care plans were altered as a result on any advice or change in treatment.

Requires improvement

Is the service caring?

Our findings

The service was not consistently caring.

Kathleen's Lodge deployed the use of CCTV (surveillance) in the dining room for the purpose of safety and investigating incidents. The legal framework requires that any use of surveillance in care homes must be lawful, fair and proportionate and used for purposes that support the delivery of safe, effective, compassionate and high-quality care. Information was not available outside the home informing people of the use of CCTV. There was an absence of information inside the home informing relatives, people and visiting healthcare professionals that CCTV was in use inside the home. Therefore people visiting the home may not understand that their image was being recorded via a live CCTV stream.

The registered manager informed us that relatives were informed informally of the use of CCTV. However, there was no documentation to confirm people living at the home had been informed of the use of CCTV and the impact this may have on their privacy and dignity and Human Rights (Human Rights Act 1998). Care plans contained no information regarding the use of CCTV. Policies and procedures were in place providing guidance on the use of CCTV which included information on the access to the recorded images. However, information was not readily available on how Kathleen's Lodge had ensured people's Human Rights; particularly Article 8 (the right to respect for private and family life) and how people had been consulted. The registered manager told us that CCTV was in place for the safety of the people living at the home in order to prevent accidents and incidents and to be able to assist in analysing accidents should they occur. The registered manager understood and recognised the impact on people's privacy and dignity, but acknowledged, consideration had not been given to this when assessing people's needs and devising care plans.

Due to concerns raised regarding people's dignity being compromised and lack of consideration given to the use of CCTV and how it impacted upon people's dignity and Human Rights, we have identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us positive feedback regarding the caring nature of the staff and culture of the home. People told us about staff "They're good girls, we have a laugh and a joke". Another person talked about how staff new her, "I can get a bit quiet and down and they know when to leave me alone but they always notice and check my moods". Another person said "The ladies are very kind to you, you know".

Relatives we spoke with told us that staff were kind and caring. They told us their relative was "At ease with the staff" and that staff "genuinely know the needs of people". Another relative told us "The service is absolutely brilliant" and the "care is exceptional". Another relative said about staff "They do seem very caring towards everyone. I've not seen anything untoward".

We observed that staff had very engaging and positive interactions with people. Staff got down to people's level, gave good eye contact, listened and acknowledged the person. Staff were kind, warm and friendly. They gave reassurance by holding hands or putting an arm around a person. We noticed that there was a humorous rapport with people. There was general conversation that was not just related to tasks that needed to be done. One staff member said to a person "You're up late this morning, was it all the gin you had last night?". The person found this very amusing and laughed. We heard conversations about holidays and favourite places.

We observed two staff that had assisted a person to get up and were supporting the person to use their walking frame to leave their bedroom and go downstairs. They were chatting to the person about favourite songs and all joined in together singing with each other.

We observed a person being assisted to get up and move from the lounge to the dining area. This was done gently and kindly using the appropriate waist belt. They spoke with the person saying "Take your time, when you're ready we'll help you to stand up. Mind your fingers there. Ok are you alright, here we go". They all smiled with each other and the person looked safe and relaxed with them".

These observations demonstrated that people were treated with dignity and respect and were consulted regarding the care that they received and involved in the way it was delivered.

Staff gave us examples of how they treated people with dignity and respect. They gave us practical examples around knocking on people's doors before entering, asking them what support they may need and offering them choices regarding whet here they would like support for

Requires improvement

Is the service caring?

example with brushing their hair or teeth or whether they would like to do it themselves. They told us that they covered up the relevant parts of people's bodies to maintain their dignity when they provided personal care. This ensured people's dignity was preserved when receiving personal care. A staff member said "I explain what I'm doing" when they supported someone with their personal care needs.

We observed a handover meeting after lunch which took place in the corner of a communal area. This meant that people sitting near that area potentially could hear private information about other people's care needs. This meant that people's personal information was not kept confidential. We discussed this with the registered manager who acknowledged our concerns and commented that this happened due to a lack of available space. Following our inspection the registered manager informed us they had devised a system whereby individuals were anonymised to prevent people from being identifiable to others and handover would be in a quiet corner.

Requires improvement

Is the service responsive?

Our findings

On the day of our visit we saw that there was a pictorial activities board that showed what was happening that week. Some of these activities were things that people may enjoy but did not require any input, such as a film session, sun bathing and sport on TV. In the afternoon we saw that there was session of bingo that some people participated in and seemed to enjoy. Some women had their nails painted and enjoyed this activity. Some people were carrying out activities separately. One person had a puzzle book and another person in their room had a fiddle board which was a board with switches, catches and bolts that they could engage with.

People were able to walk around the home freely and were supported to do this. People could go out into the garden if they wanted to and people sat outside on the day of our visit.

It was someone's birthday on the day of our visit and we saw that two birthday cakes had been made for the person and that these were presented to the person concerned.

There were some shelves in one of the communal areas that had some puzzles and reminiscence materials and there was a doll in a moses basket. For people living with dementia having access to dolls can be part of a therapeutic approach to managing their dementia. We did not see this in use on the day of our visit. One person told us "I can get irritable because of the boredom so I help in the kitchen, other than that I just do my crosswords or watch television". Another person said "I'm an artist and I used to do upholstery but I don't do anything like that now"

From our observations and looking at records it was not clear how much engagement people had with activities and what was available for people on an individual, one to one basis. We could not see that choices and availability of activities were based on people's preferences. The registered manager told us that they had a new person in the team who was and taking on the role of activities co-ordinator.

We recommend that the provider looks at current guidance regarding meaningful activities for people living with dementia.

People told us that staff knew them and their care needs and they were involved in the delivery of their care. One person said "I've been here a long, long time, the longest in fact and they know me well". Another person said "They know me and what I like" and another said "They do ask me about things as they go about what they're doing". A relative said their family member "Has been here since February 2014and we've had one review to chat about the care plan. It was done with me and yes [my relative] was involved in it".

People's care records contained details of their individual needs and personal preferences. People had care plans in place that addressed their differing needs including mobility, physical health and well-being, lifestyle choices and preferences, emotional well-being and personal care needs. For one person we saw that their mental health needs were documented and their preference to speak with some people living at Kathleens Lodge and not others. It was recorded that their preferred activities were reading their daily newspaper, writing letters and doing quizzes. Their seating preference at lunch time was also recorded and we saw this on the day of our visit.

For another person living with dementia there was a description of their behaviour that would require support from staff in assisting them to move to a quiet place. We saw that they preferred to be seated in a quiet place at lunchtime as they could become agitated and distressed if there was a lot of noise around them. It was documented that they were frightened of walking on steps and slopes so they would need staff to support them when doing this. The things this person most enjoyed doing were also documented including listening and dancing with the music man, sitting in the garden and singing along with music. This person played bingo on the day of our visit and was visibly happy as they had won.

People's rooms were individualised and held personal possessions, memorabilia and photos. People told us that they were happy and comfortable with their rooms. Many of the women had their handbags with them which had important personal possessions in them. One person had two cuddly toys on a blanket on the shelf of the walking aide. This person was clearly attached to these stroking and talking to them. This showed us that the people had important items with them that supported them to feel settled and calm.

Requires improvement

Is the service responsive?

When people were served drinks they were served in a variety of ways. One person had their own mug, others had cups and saucers and others had mugs. This represented people's personal preferences when having a drink.

We observed people being given choices including choices of meals, drinks, activities, where to sit and whether they wanted to go for a walk.

The registered manager told us that there had been no recent formal complaints. There was a complaints policy visible in the entrance to the building for people to access if needed. The registered manager had responded to a relatives request to repaint their family members room white and to but a new mattress. People and relatives told us that the registered manager and provider were accessible and responded to any concerns that they had.

Requires improvement

Is the service well-led?

Our findings

The registered manager and provider had a good oversight of the running of the home and a thorough knowledge of the people that lived there. However there was no clear system of quality assurance in place that audited practice. For example there were no audits around infection control or care plans. Therefore there was no evidence of how the registered manager demonstrated the ongoing monitoring of the quality of service provision. There were no action plans in place for improvements or the longer term vision for the service. For example accidents and incidents were recorded but there was no evidence of any analysis of these or what actions may be required as a result. We saw that a questionnaire had been completed by relatives in April and that there had been positive feedback regarding the service provided at the home. We could not see any analysis of the feedback and any consequent actions that had been identified. Following the inspection the registered manager told us that recorded on one of the feedback questionnaires was an action taken in response to a relative stating that they were unaware of the complaints procedure. The registered manager had directed them to the complaints procedure in the entrance hall.

This was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The atmosphere of the home appeared relaxed and friendly. Staff looked happy as they went about their work and there was laughter amongst them all. People told us that they would speak up if they were unhappy about anything and that staff were all approachable and that they felt safe and well cared for. People said that they would recommend the home. One person said “one thing I especially love is there’s no pressure, it’s relaxed”. Another person said “I’m as happy as a lark here and it’s spacious, I like that too”

A relative said “From the cook, the cleaner to the manager they always chat to you”. A relative told us that the registered manager was “very proactive making sure everything was right” and was “always available”. Relatives told us that they were kept updated regarding their relatives care needs and any changes identified. A relative gave us an example that the registered manager had identified that new windows were required in their family member’s room and this was actioned in a timely way.

Staff told us that they felt supported by the registered manager and the provider. A staff member told us they “feel listened to, if I have an issue I can approach her, she’s hands on, very approachable”. Another staff member told us that the registered manager had created “a really good team” that the manager was really approachable and that “residents are happy”.

The registered manager told us that her goal for people living at Kathleens Lodge was to “Make it feel like it’s their home” and to create “One big family network”. The registered manager told us that “Myself and the team will go that extra mile to ensure that the highest standard of care is given”. They also told us that they had a good rapport with outside professionals and people’s relatives. On the day of our visit the provider was present and we observed that they and the registered manager had a good rapport and understanding of their roles in relation to the management of the service. The registered manager told us that they communicated well and the provider was responsive if she needed support.

Professionals who visit the home told us that staff were caring and that the registered manager and the staff team worked in partnership with them to ensure people’s care needs were met. A community psychiatric nurse we spoke with told us that the registered manager was “good at taking advice and implementing it”.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 12(1) care and treatment must be provided in a safe way for service users (2) without limiting paragraph (1) the things that a registered person must do to comply with that paragraph include (a) assessing the risks to the health and safety of service users of receiving care and treatment; (b) doing all that is reasonably practicable to mitigate any such risks. The provider had not ensured that care and treatment was provided in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect 10(1) – The registered persons had not ensured service users were treated with dignity and respect. 10(2)(a) – The registered person had not ensured the privacy of the service user. The provider had not ensured that service users were treated with dignity and respect and that their privacy had been upheld.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing 18(1) sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed to meet the requirements of this Part.

This section is primarily information for the provider

Action we have told the provider to take

The provider had not ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet the requirements

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1)(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity (including the quality of the experience of service users in receiving those services) The provider had not ensured that there were systems in place to assess, monitor and improve the quality and safety of the service.

This section is primarily information for the provider

Enforcement actions

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