

# Highlands Healthcare Limited

# Limes Residential Care Home

## Inspection report

11 Fenstanton Avenue  
North Finchley  
London  
N12 9HA

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 10 May 2018 and was unannounced.

The Limes Residential Care Home 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 Limes Residential Care Home is registered to provide care and accommodation for 26 older people some of whom may have dementia. On the day of inspection, there were 23 people living at the home.

There was a registered manager in place. 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.

When we last inspected the service in February 2017, we identified breaches of regulations relating to the oversight of Deprivation of Liberty Safeguards (DoLS) and storage of people's confidential information. At that inspection, the service was rated as Requires Improvement overall. At this inspection, the service remains rated Requires Improvement overall.

People were not always receiving individualised care that was responsive to their needs. Some people raised concerns regarding the lack of suitable activities and access to the community. Some care plans did not contain sufficient information about people's specific care needs.

We found instances of poor infection control practices and unclean areas on the day of the inspection.

Medicines were not always safely managed. Where people required as-required medicines, such as painkillers, guidance was not available to guide staff on when people required these medicines. We found some stock discrepancies with quantities of medicines and what was recorded.

Some risks associated with people's care and health had not been assessed and guidance had not been provided to staff to keep people safe.

The provider was not always working within the principles of Mental Capacity Act (MCA). Documented consent to care had not always been obtained from the appropriate person. There were no records of capacity assessment or best interest decisions for people who may not have had capacity to make their own decisions about their care.

Although there were quality assurance measures in place to monitor the care provided, the provider and registered manager had not identified and addressed the shortfalls we've described above. Therefore, their

governance processes were not consistently effective.

Although some people raised concerns regarding the staffing levels, we found that there were sufficient staff on duty on the day of the inspection. We have made a recommendation that the provider continually assesses staffing levels to ensure that there are sufficient staff available to meet people's changing care needs.

Appropriate checks were in place to ensure staff were safe to work with people using the service. Staff received regular supervision, training and appraisals. Staff told us they felt supported.

People and relatives told us that staff were caring which was confirmed by what we saw. Feedback received from people indicated that they were not involved in planning their care.

People had access to health services and staff were pro-active in ensuring that people's physical health needs were met.

At this inspection, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to safe care and treatment, premises and equipment, consent to care, person centred care and good governance. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Risks to people's health, safety and welfare were not always identified and managed.

People's medicines were not always managed safely.

Areas of the home were unclean on the day of the inspection. Not all required health and safety checks were completed on a regular basis. These practices put people at unnecessary risk of infection.

Appropriate recruitment procedures were in place and followed. There were enough staff deployed to meet people's needs. We recommend that the provider reviews their staffing levels on an ongoing basis.

Not all staff understood about safeguarding processes, despite having received training.

**Requires Improvement** 

### Is the service effective?

The service was not always effective. Some care records did not show compliance with the Mental Capacity Act 2005.

We received mixed feedback from people regarding the food and drink choices on offer.

Staff received regular training, supervision and an annual appraisal in support of providing effective care.

People had ongoing access to healthcare. The service worked in collaboration with a range of health professionals.

**Requires Improvement** 

### Is the service caring?

The service was caring. People told us that staff were kind and caring.

People were treated with dignity and respect.

Some people told us that they were not consulted about their care preferences.

**Good** 

### Is the service responsive?

The service was not always responsive.

People were not supported to engage in meaningful activities to meet their social or emotional needs.

Care plans were not always person centred and up to date. For one person, a care plan had not been put in place despite them being in the home for many months.

Complaints were investigated and responded to. However, some people told us they did not feel they could complain.

The provider worked with appropriate health professionals to ensure people received end of life care according to their wishes.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led. Although complimentary of the registered manager, some people told us of their dissatisfaction of aspects of the care they received and the overall culture of the home.

Quality assurance measures were in place which included a feedback survey and regular checks of many areas of care. Governance processes and audits were not consistently effective as they had not identified the concerns and service shortfalls that we found.

**Requires Improvement** 

# Limes Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 May 2018 and was unannounced. The inspection was carried out by three adult social care inspectors and one expert by experience who obtained feedback from people and relatives during the 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.

Before the inspection we looked at the information that we had received about the service from health and social care professionals and notifications that we had received from the provider.

During the inspection we spoke with eight people who used the service, three visiting relatives, the registered manager, operations manager, director and four care staff.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We looked at eight people's care files and risk assessments, people's daily care records, medicines administration records (MARs), five staff files, staffing rotas and records relating to the management of the service such as quality audits and complaints

Prior to the inspection we contacted a local placing authority for feedback.

# Is the service safe?

## Our findings

When we last inspected, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to people's confidential information not being stored in a confidential manner. This issue was resolved after the previous inspection and the service is no longer in breach of Regulation 17 for this reason.

We checked how medicines were managed at the home. We saw that Medicines Administration Records (MARs) were generally completed accurately with no gaps in recording. Each person had a medicines profile which detailed their prescribed medicines, allergies and any specific instructions. We found two instances of a discrepancy with the stock of one medicine against what had been signed for as administered. We showed this to the registered manager who told us that it would be investigated.

Some people had been prescribed PRN (also known as 'when required') medicines. These are medicines that are prescribed to people for pain relief or to relieve anxiety and are only given when necessary. We saw that one person had a PRN protocol in place, from their previous care setting. A PRN protocol is a document to provide guidance to staff on when to administer PRN medicines, for example, symptoms a person may display if they are in pain or signs that they are becoming anxious. When a PRN medicine is administered, staff are required to clearly document why the medicine is administered and the effect that had on the person. That was not happening at this service. Staff administering PRN medicines did not document stock levels on an ongoing basis. We saw that an audit completed by the home's pharmacy had flagged these issues at an earlier date.

The registered manager told us that he carried out checks of medicines when they were coming into and leaving the building. However the registered manager did not carry out any documented checks of medicines at regular intervals to ensure ongoing accuracy of medicines management.

People told us they received their medicines on time and as prescribed. One person told us, "I get my medicines regularly." We observed a staff member interact with people in a caring and patient manner when administering medicines. However, we noted on two occasions during the medicines round the staff member leave the medicines cabinet unlocked and unattended whilst supporting a person with their medicines at the other end of the room and out of view of the medicines cabinet, which meant that there was a risk that people nearby could access the medicines in the cabinet.

Risk assessments were in place which provided guidance to staff on how to keep people safe from the risk of harm. Risk assessments were in a standard format and assessed risks such as moving and handling, skin integrity, malnutrition and falls. However, the service had not documented an assessment of the risks associated with the care for one person, despite the person having been living at the home since February 2018. Care records seen for the person from the home they previously lived at indicated that there were risks which should have been assessed, including diabetes and mental health. For another person who had a catheter and a history of urinary tract infections (UTI's), there was no information on file to provide guidance to staff on the symptoms to look for should the person require medical intervention.

The home was overall clean. There was no malodour detected in communal areas. However, on an initial walk around on commencement of the inspection, we found some concerns regarding cleanliness of bathrooms and infection control which placed people at risk of infection. In one bathroom we found faecal matter on the floor. We saw overflowing bins, clinical waste bags lying on the floor and a pile of wet laundry in one shower room. In one bedroom, we found a catheter bag containing urine lying on a sink which caused a strong malodour in the bedroom. We also found that the person's mattress was soiled with dried urine. The registered manager was present when we inspected these areas and arranged for immediate remedial actions to be taken, which included replacing the person's mattress.

The above concerns relating to medicines management, assessing risk and infection control are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they felt safe living at Limes Residential Care Home. One person told us, "I'm happy because I'm safe." Records seen confirmed that staff had received safeguarding training. We spoke to staff and asked about their knowledge of safeguarding procedures. We found that staff knowledge of safeguarding procedures was mixed. Some staff told us what they would do if they had concerns regarding a person and what external agencies they could report concerns to, however, others did not understand safeguarding procedures. We raised this with the registered manager who told us this would be addressed through supervision and staff meetings.

We received a mixed response when we asked people, relatives and staff about staffing levels and whether there were sufficient staff available to provide assistance when needed. One person told us, "I do feel safe but there are not enough staff in the daytime, you have to wait a lot; if people want something, they are too busy. The staff will chat, but often they are very rushed." A second person told us, "I am fond of the carers but it's under staffed and they've got so many things to do, they try to get the basic requirements done." A relative told us, "There are enough staff."

On the day of the inspection, the inspection team observed there to be sufficient numbers of care staff available around the home. Care staff did not seem rushed and were able to attend to people's needs in a timely manner. Rotas confirmed that three care staff were on duty throughout the day with support from a cleaner and cook. The registered manager was also present during the day. At night, there were two care staff on duty. At the time of inspection, there was no designated staff member employed to deliver activities. The registered manager told us they were recruiting for this role. We saw that staffing levels were not reviewed on a regular basis to ensure that they were sufficient for people's needs, for example if a new person was admitted or if a person's changed needs required additional staff assistance.

We recommend that the service implements a system to regularly review people's dependency levels to ensure that staffing levels are appropriate.

We saw that although overall clean, some of the decoration and painting was worn and in need of updating. We observed construction workers present at the home on the day of the inspection, adapting and redecorating the communal bathrooms.

We saw that in the kitchen, the dishwasher required a deep clean and descale. Food/fridge temperatures were recorded daily and were up to date. There were cooked food temperatures recorded but this was not related to specific dishes so was ineffective recording which had been highlighted at a recent environmental health inspection where the home was awarded a rating of Four. Emergency pull cords were either not present or out of reach of the floor in several toilets/shower rooms.

The safety of the building was routinely monitored. Records showed appropriate checks and tests of



equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, lifts and hoisting equipment were undertaken. However, we found that documented water temperature checks to control the risks associated with legionella were not being undertaken on a regular basis. The company director told us that they had arranged a legionella risk assessment to be completed in June 2018.

There were robust systems in place for safely recruiting staff. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. We noted that some long serving staff members had not had a DBS check since they commenced employment. We discussed with the registered manager that it would be best practice to renew DBS checks periodically for long serving staff members. Records seen confirmed that staff members were entitled to work in the UK.

Accidents and incidents were documented and investigated. We saw that falls were documented and recorded. Accidents and incidents were then assessed monthly as part of the provider's quality assurance. The majority of incidents reported were when people had falls. Record seen documented that people had been assessed and where necessary medical intervention was sought.

Personal Emergency Evacuation Plans were present in all files and were clear, detailing any equipment required and the level of staff support that would be needed in the event of a fire evacuation. We saw that fire drills had been completed every three months and records confirmed that a weekly fire alarm test took place.

## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. When we last inspected in February 2017, we found that there was a lack of oversight of DoLS monitoring in the service. At this inspection, we found that the provider had addressed the concerns with how DoLS were managed, however we identified some concerns with compliance with MCA in relation to consent to care.

The service ensured that DoLS authorisation requests were submitted to the authorising authority. Records of DoLS authorisations were kept in people's care files for staff to refer to. The provider had not notified CQC of DoLS authorisations, as they are legally required to. Following the inspection, the registered manager submitted five notifications to CQC. We saw that people who were able to do so could come and go as they pleased. One person told us, "They don't mind me going out. I don't even have to tell them I'm going. I often get back at midnight, they don't mind that."

In five of the care files we looked at, we found that consent to care had not been appropriately obtained. Care plans had not been signed by either the person receiving care, where they had capacity to do so, or an appropriately authorised representative. Where a person may not have had the capacity to consent to their care, there were no records of any mental capacity assessments. Care files did not contain any documentation to evidence that any aspects of care were being delivered in the person's best interests.

The above is in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records seen confirmed that staff had received training around MCA and DoLS and most staff indicated that they understood the importance of obtaining consent from people prior to providing assistance or care. One staff member told us, "You ask them." A second staff member told us, "All the time, personal care. I will talk through what's happening and always offer them their choices."

We received a mixed response from people about the food choices and quality of food on offer. Feedback included, "The food is passable, I don't want to say anymore", "The food should be in bigger portions", "The kitchen is very small so food is brought in daily, so it is fresh but meals are quite bland" and "The food is very nice and I get a cup of tea when I want one, I just have to ask."

We observed lunch at the home and saw that most people could eat independently. Those who required support were assisted in a prompt manner. We saw that people were offered a choice of main meal and their preferences were respected.

We observed throughout the inspection that people had access to squash and were offered these drinks on a regular basis. We were told that the tea round was at 11am and 3pm. On the day of the inspection at 11am, we observed that no hot drinks were offered. One person told us, "There is tea at 11 and 3, otherwise, there is juice and water left out to help yourself to." A second person told us, "I'd give the food eight out of ten, there's choice and there's tea and coffee at meal times although you can ask at other times too."

Staff told us they had received regular training which was confirmed by records seen. A relative told us, "They are well trained. They do a good job." Mandatory training for staff included safeguarding adults, first aid, health and safety, fire safety, medication, manual handling and dementia care. A staff member told us, "We had some trainings last year." A second staff member told us they had recent training around food hygiene and fire safety.

Staff told us that had regular supervisions and an annual appraisal with the registered manager which was confirmed by records seen. One staff member told us, "We have supervision every two to three months." A second staff member told us, "Yes every three months. I feel supported. I have appraisals." Records seen also confirmed that staff completed a period of induction when initially employed. We were satisfied that staff received appropriate support and training to deliver effective care."

People were supported to access health and medical services. The home was visited on a twice-weekly basis by a local GP who was contracted by the provider. There was a well-maintained communications book which noted any issues to be discussed with the GP as well as regular reviews of medication, health and progress.

There was a professional visits book which had a section for each person. This recorded all contacts with health care professionals who came to the home. This book was very well maintained and clear with record of input from the GP, dieticians, chiropodists, opticians, district nurses and other relevant health care professionals. Each record noted the purpose of the visit, outcome and any input, and was signed and dated by the visiting professional. This meant that access to a variety of health care services was well documented. For example, a dietician had visited one person who had lost weight the previous day and there was a clear and detailed plan of action in response to the dietary advice.

We spoke to a visiting health professional who reported that staff were always helpful and well informed about people's progress and any health concerns. They said that communication with the manager was good and the home was always prompt to report any concerns.

A needs assessment was carried out by the registered manager prior to new people being admitted to the home. We saw some assessments which were detailed and evidenced the involvement of the person and/or their next of kin in the assessment process.

Daily records were completed by care staff to document people's daily progress. Records were maintained to document people's weight and evidence was seen of people having access to regular showers.

On the day of the inspection, the weather was favourable and we saw that people were supported to easily access the garden area. We saw that most people's bedrooms were personalised with photographs and personal mementos. One person's bedroom was identified with their name in their native typescript.

However overall, there was limited evidence that the service had taken steps to be dementia friendly. There was little signage and no use of colours to assist with navigation around the home. We saw that there were names on some bedroom doors but not all. There were no memory boxes outside rooms or other items of reminiscence or orientation around the home.

## Is the service caring?

### Our findings

People and relatives told us that staff were kind and caring. Feedback from people included, "The staff are very good to me, they are kind, helpful and friendly", "The staff are very nice. They give you lots of help, I don't know what I'd do without them", "They look after you, the food is nice, I'm satisfied, they are very nice people, not nasty" and "I am fond of the carers but it's under staffed and they've got so many things to do, they try to get the basic requirements done." A relative told us, "The staff are absolutely caring, they are very good with residents, chatty, they are well trained." A second relative told us that staff treated their loved one "really well."

We observed staff interact with people in a kind and caring manner. Staff did not appear rushed and were attentive to people's needs. However, we observed a staff member decline a person's request for a hot drink stating that that it was close to lunchtime. We asked staff how they provided person centred care to people. One staff member told us, "Focusing on the individuals and their needs and all areas of care." A second staff member told us, "You know what they like and don't like. You can read to them or do prayers."

People's privacy and dignity was respected. Our observations during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. A relative told us that they were given alone time when they visited their loved one. Relatives told us they could visit whenever they wanted.

Staff had completed training around equality and diversity and were knowledgeable around people's cultural and religious needs.

We received a mixed response from people when we asked if they were supported to be as independent as they could be. One person told us, "The staff are very good to me, they are kind, helpful and friendly. They encourage my independence, I'm encouraged to exercise and I have got a lot stronger in the nine months I have been here." We spoke to the operations manager who told us of one person who would shortly be leaving the home to live independently again, despite an initial prognosis of them requiring long term residential care.

Care plans were reviewed on a monthly basis by the registered manager. There was no evidence of the involvement of the person using the service or relatives in care planning or in any reviews of care and support needs. Feedback from people and relatives reflected this. A relative told us, "No care reviews." One person told us, "I don't know anything about a care plan, my needs haven't been reviewed."

## Is the service responsive?

### Our findings

People were not always receiving care that was responsive to their needs. Whilst some people were satisfied with the care they received, some people raised concerns with us regarding a lack of meaningful and stimulating activities and lack of access to the community. One person told us, "I keep myself to myself, stay in my room and read, do my exercises. There are some activities, art on a Monday and music on a Wednesday, there are card games and sing alongs. There's no connection with the library service." A second person told us, "I just exist here, life has gone by, I'd like to go around London, the famous places that I've not been to for a while, no one has asked me what I'd like to do." A third person told us, "They've been doing more today since you've been around, there used to be four staff, now there's three in the day, and you can tell, sometimes the needs of people are pressing and they don't manage so well." A fourth person told us, "I'm not into the activities but they look very childish, I haven't been asked what I'd like to do, you can go to the shops with the staff but not that often." A fifth person told us, "I would like to go to the shops, do more working, have more of a connection to the outside world."

Other feedback received about activities included, "There is not enough to do here, I'm bored, just passing the days", "There used to be newspapers but they stopped them, I think because they got into too much of a mess" and "I want a bit more fun, they do bingo and a few games, but basically, you sit around all day, you get lost in here, there's no reference point to the outside world, what can you do, no one has asked me what I want to do." We observed on the day of the inspection, care staff engage people in a ball game both in the morning and in the afternoon. We saw that staff set up dominoes for some people. We observed that staff were jovial and engaging with people.

There was an activities diary which recorded the activities organised each day and details of participation and engagement. This was well maintained and clear with a separate page for each day with a comprehensive description of the activities, who took part, any visitors received by individual residents or trips out with family members. No details on activities were recorded in care plans except a brief note on any hobbies or interests in the daily living section of the care plan. People were not supported to engage in meaningful activities to meet their social or emotional needs. This demonstrated that care was not being delivered in a person centred way.

Care plans detailed people's care needs around areas such medical history/conditions, mental health and cognition, mobility, continence, personal care, daily living and end of life. Each section contained a brief description of the support required and an outcome objective. Care plans were primarily task focused and related to people's physical care needs over emotional and social needs.

We saw that some care plans contained information about people's care preferences, likes and dislikes and background. For example, one person's care plan stated that they liked toast for breakfast and liked to say a prayer before their meals. Their care plan stated that their faith was very important and the person was supported by staff to pray regularly. We could see that staff knew people's care needs and were responsive to when people appeared to be agitated or distressed.

We identified that for one person, there was no care plan in place despite the person having lived in at the service since February 2018. For another person who displayed behaviour that may upset staff and other people using the service, their care plan did not guide staff on how to support the person in a person-centred way to try to manage their behaviours.

The provider failed to ensure people who used the service were provided with appropriate care that met their needs and reflected their individual preferences. This was a breach of Regulation 9 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On review of complaints, we noted that the complaints reported were related to people's belongings such as mobile phone and dentures that went missing. The complaints were resolved with the outcome being that the missing item was replaced by the provider. We received mixed feedback when we asked people and relatives about their experiences of making complaints. Feedback from people included, "If I wanted to complain, I would ask the manager, it's not a problem", "I couldn't make a complaint" and "You can't moan, it won't change anything, I go along with it, I don't like arguments." A relative told us, "No complaint. No need."

We saw that when people required end of life care, the provider worked with the appropriate health professionals to ensure that they received compassionate end of life care in line with their wishes. The quality manager told us, "North London Hospice have been fantastic. They have lent us staff at night to assist so a person could pass away here." Records confirmed that many staff had received training around end of life care. We saw that relatives had provided positive feedback following the passing of their loved one. Feedback read, 'Amazing carers at the Lime', 'Thank you for the time and attention you gave Mum', 'Thank you for being superstars and taking care of [person]' and 'I will miss my visits to the Limes. You are the unsung heroes of social care.'

## Is the service well-led?

### Our findings

When we last inspected in February 2017, we identified a breach of regulation due to the lack of oversight of DoLS authorisations and renewals. We also identified concerns with how people's confidential information had been stored. At this inspection, we found that these concerns had been addressed. However, we identified concerns with other aspects of care delivery at this inspection.

We received mixed feedback from people regarding their overall experiences of living at Limes Residential Care Home. Feedback from people included, "I would only recommend this place if the person had dementia, otherwise, I would say no, they should find some other care home", "Overall it's okay, but I wouldn't want to stay here long term, you have to have some sort of confusion to stay here, it's aimed at that level", "Whilst I'm grateful for the care, the home is slightly narrow minded, you live in an enclosed environment, they don't think about living life fully." Other feedback was positive, including, "They are very good at listening, you can go into the office and chat, they are good at providing new things if you request them" and "I would recommend this place, the best thing about it is the friendship."

Despite the concerns identified by feedback and our observations during the inspection, we found that people spoke positively of the registered manager and the management team in general. Feedback received from people included, "It is well-led, the management are very helpful and they give you good advice and respond quickly", "It is well-led, the manager and manageress are very pleasant, they do speak to you in a very soothing way" and "The manager is very nice, they are very good people here." A relative told us, "They are friendly, they never make you feel like anything is a problem and staff are caring."

Staff also spoke positively of working at the service. Staff told us they felt supported and listened to. Feedback from staff included, "No one is perfect – he's good", "He is a good leader" and "Very good manager. He has helped me a lot and given me support."

There were quality assurance measures in place at the home, completed by the registered and operations manager on a regular basis. Regular quality assurance checks included a quality assurance questionnaire completed by people and relatives in April 2018. Feedback was overall positive. Feedback included that people and staff were friendly. No concerns had been raised in the feedback received as part of the questionnaire.

Monthly checks completed by the operations manager involved obtaining feedback from people and staff, checking medicines management, maintenance works, health and safety, complaints, accidents and incidents. Minor issues were identified and remedial actions taken to make improvements. An audit had been completed by the supplying pharmacist which identified some areas for improvement. However, these had not been acted upon by the time of the inspection. Despite the quality checks in place, we identified that there were areas of care provided which required improvement, particularly around care planning and delivering person centred care which had not been identified through the provider's own quality assurance processes.



We also found that required notifications had not always been submitted to CQC as per the legal requirements. The registered manager had not notified CQC of DoLS authorisations and one incident of serious injury.

We found that people's physical care needs were met and the service was pro-active in liaising with other partners in ensuring people maintained good health. However, we found that people's emotional and social care needs were not met in an individualised and person-centred way.

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

Staff told us and records confirmed that staff meetings were held on a regular basis. The most recent staff meeting minutes included discussion of portion control at lunchtimes, the need for an activities coordinator and issues relating to lost laundry items. The registered manager told us that residents meetings also took place on a regular basis, however documentation to confirm this was not available for 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 9 HSCA RA Regulations 2014 Person-centred care  Regulation 9  The provider had not always ensured that people received individualised care according to their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Regulation 11  The provider had not always ensured appropriate consent to care was documented.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12  The provider had not always ensured medicines were safely managed, risks assessed and robust infection control procedures were in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17  The provider had not ensured effective

governance systems were in place to ensure people's care needs were met in a person centred way. Feedback received indicated that some service users were not satisfied with aspects of their care.