

Quality Housing & Social Care Limited

Trinity House

Inspection report

105 Station Road
Hendon
London
NW4 4NT

Tel: 02082020114

Date of inspection visit:
23 June 2017

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25 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 23 June 2017 and was unannounced.

At our last inspection in September 2015 we found the provider was not meeting the legal requirements in respect of fit and proper persons employed, safe care and treatment and good governance. At this inspection we found, although some improvements had been made, these were insufficient.

Trinity House Annexe is registered to provide care and support for up to five people with mental health needs, some of whom may have a forensic history. Trinity House Annexe works jointly with a neighbouring service, Trinity House. The building is a detached house in a residential street in Hendon and is well served with local transport, shops and parks. There are four bedrooms on the first floor and one on the ground floor. Three rooms have an en-suite facility consisting of a shower, toilet and there are washbasins in each room. The staffing structure consists of the registered manager, deputy manager and support workers, providing 24-hour support. The stated aims of the home are, 'To promote independence, self-determination and to contribute to the rehabilitative process. This enables service users to attain their optimum quality of life, and to move on to more independent living, in a home of their own'.

There is a long standing 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.

Staff were aware of the signs to look for should they suspect abuse, including reporting any concerns to the senior support worker and registered manager. Staff knew the external authorities to report their concerns to should they not be happy with the action taken by the service.

Infection control practices were not always followed. We found out of date food in the fridge and the general cleanliness of the kitchen area unclean. We found various issues with the maintenance of the building, including uneven floor boards on first floor landing, causing a trip hazard, this put people at risk of falling over. There were a number of outstanding repairs and the general appearance of some parts of the home required improvements. This had an impact on the wellbeing of people living at the home.

We found gaps in recruitment records for staff employed by the service and staff training in areas such as the Mental Capacity Act 2005 (MCA). Staff did not receive regular supervision. Staff recruitment practices were insufficient and the provider failed to follow their own recruitment policy and procedures.

Risk assessments were detailed and provided staff with information on how to mitigate these risks.

Systems to monitor the quality of the service were not effective in ensuring that the quality of the service was

maintained. The registered manager failed to have oversight of the service and did not conduct regular audits to ensure the service operated effectively. We found care records for people living at the home had a number of gaps.

Staff working alone did not have appropriate risk suitably assessed, despite an incident involving staff being attacked and threats towards staff by people using the service.

People's nutritional needs were met and people participated in activities. Most people felt staff treated them with dignity and respect; however, people were not always given a choice.

We have made a recommendation about the management of complaints.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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 consistently safe. People were not always protected from the risk of acquiring a health associated disease because infection control practices were not robust. Recruitment practices were not always safe. Risk assessments covered various areas of risks and how to mitigate these.

Most people said they felt safe at the service. Medicines were not always managed safely. People were protected from the risk of abuse because staff knew the signs to look for and who to report their concerns to.

Inadequate ●

Is the service effective?

The service was not consistently effective. Staff did not receive regular supervision and appraisal and there were a number of gaps in training.

The service worked within the requirements of the MCA. People's nutritional needs were met and people had access to healthcare professionals to as necessary.

Requires Improvement ●

Is the service caring?

The service was not consistently caring. Although staff were able to tell us how people were treated with dignity and respect, people said they did not always feel respected by staff. People did not always receive care which met their individual needs. Care plans contained information about people's background, cultural and religious needs. However, care plans were not always person centred.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive. People received individualised care from staff who understood their needs and preferences. People's likes and dislikes were recorded in their care notes. People were not always involved in the planning of their care.

People were encouraged to maintain relationship with people.

Requires Improvement ●

People and relatives felt able to make a complaint.

Is the service well-led?

The service was not consistently well-led. The service lacked oversight and was not effectively managed. Systems to monitor the quality and the safety of the service were not effective. Care records were not accurate and up to date, medicine administration and monitoring tools used to monitor people's weight had gaps in recording.

Staff and most people who used the service felt supported by the registered manager.

Requires Improvement 

Trinity House

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.

The inspection took place on the 23 June 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

We reviewed information we held about the service, including notifications and safeguarding information. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service.

We spoke with staff, including the registered manager, deputy manager, five support workers and domestic worker. We also spoke with three people living at the home and a relative. We reviewed care records for people using the service, including three care plans, risk assessments, daily care records and weight monitoring charts. 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.

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We reviewed information we held about the service, including notifications and safeguarding information. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service.

We spoke with staff, including the registered manager, deputy manager, five support workers and domestic worker. We also spoke with three people living at the home. We reviewed care records for people using the

service, including three care plans, risk assessments, daily care records, weight monitoring charts, policies and procedures and quality assurance documentation. We reviewed personnel records for five staff members.

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Following our inspection visit the registered manager sent in additional documentation relating to the recruitment and risk assessment of a staff member and an action plan for the service. The action plan provided details of areas to improve the quality of the service.

Is the service safe?

Our findings

At our last inspection in September 2015 we found the home was unclean and in need of redecoration. The carpets in the lounge and dining room were stained. The registered manager advised that he was planning to replace the carpets with laminate flooring which would be easier to clean. Health and social care professionals told us that they had concerns over the cleanliness of the service when they visited, including cobwebs on the ceiling and stained carpets in the lounge, they also felt that the home was in need of updating and refurbishment.

At this inspection we found some improvements had been made. Carpets had been replaced with laminate flooring. A cleaner had also been appointed. Although the provider had employed a new cleaner, we still found concerns in the way the provider managed infection control.

People who used the service had access to both sites, therefore constantly used the neighbouring kitchen and dining area at 105. The main shopping was stored at 107 and transferred to the neighbouring service at 105 where people using the service at both sites prepared and ate their meals. We looked at food hygiene arrangements. We found several opened jars of sauces, including tomato ketchup, marmalade jars and sour cream. The labels on these sauces stated that once opened they should be kept refrigerated and consumed within a specified number of days. However, at this inspection we noted that there were no dates to show when they had been opened. For example, tomato ketchup dated July 2018, to be consumed within six weeks, a packet of grated cheese with a best before date of 8 August 2017, to be consumed within three days once opened, two jars of marmalade to be consumed within six weeks and a jar of sour cream and chive dip to be consumed within three days of opening. We also found an out of date loaf of bread dated 21 June 2017, two days out of date. We asked the registered manager to explain infection control procedures and he told us that staff were responsible for checking fridges. We did not consider this system to be a safe or reliable method of identifying and mitigating risks presented to people using the service from unsafe food. There was no reliable method of identifying the date opened food in the fridge had been opened. Therefore we could not be assured that the provider had considered this matter fully as a health and safety issue and had not taken action either to improve or mitigate the risks.

Staff were asked whether there was a cleaning schedule in place and we received conflicting answers. One staff member informed us that there was no current cleaning schedule in place and another told us that this was kept in the office. We found no evidence of this during our visit. Therefore, people were at risk because the provider did not have adequate systems to prevent and control the spread of infections, therefore putting people at risk of acquiring a health associated disease.

There was a process for reporting and recording incidents and accidents. Records showed that incident forms had been completed and covered the nature of the incident and action taken. However these did not include the outcome or any learning as a result of these. These involved a number of incidents of threatening behaviour by people living at the home towards each other and in some cases towards staff. Other incidents involved people using the service refusing to take their medicines. For example, we noted that an incident in November 2016 whereby a person using the service became agitated and threatening

resulted in staff having to lock themselves in the office. This put other people living at the home, including people living at the neighbouring service at risk of harm, as the person also had access to the neighbouring service during this episode.

The registered manager told us that this person had subsequently been transferred to another service as it was noted that they were not able to meet this person's needs or manage their behaviour. The registered manager told us that there had been learning from this incident. As well as reviewing the relapse indicators documented in people's care plans, the importance of staff recording a catalogue of concerns which would then be used to request assistance/support from mental health professionals sooner. However, this was not recorded and there was no system for recording any learning or critical analysis of incidents to identify learning points. This put people at risk of receiving inappropriate or unsafe care.

Medicines were not always managed safely. Records showed that medicine records (MAR) for people living at the home and found a number of gaps. Protocols for medicines prescribed 'as and when required' PRN were not always followed. For example, one person prescribed PRN medicines to treat insomnia was administered this on 15 and 17 June 2017 however, the reasons were not recorded on the back of the MAR as required. For another person prescribed medicines three times a day to treat Parkinson's disease or involuntary movement due to side effects of certain psychiatric drugs, the MAR was not signed for lunchtime medicines. Therefore, we could not be confident that these people received their medicine as prescribed which may have put them at risk of becoming unwell. Records showed a list of staff authorised to administer medicines, however this was out of date and did not include two staff members on duty on the day of our visit. This list also contained staff who no longer worked for the service. Records of fridge temperature contained a number of gaps in May and June 2017. This put people at risk of receiving medicines which may not be effective and put people at risk of unsafe or inappropriate care.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the environment was still in need of redecoration and improvements since our last inspection in September 2015. The ground floor had a strong offensive odour and the radiator was rusty. The first floor bathroom had a rotten window frame, cracked shower tiles and cracked floor tiles. The garden was not maintained, we observed broken glass, empty cans and old furniture stored in the garden. This put people at risk of harm because the building was not properly maintained.

The above issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found recruitment checks were not always carried out appropriately prior to staff starting work at the service. At this inspection we found continued concerns about recruitment. For example, one staff member did not have recruitment records. Two staff members had gaps in employment of seven and nine months. Another staff member had references dated in May 2017, a month after starting employment. The criminal records check for this staff member did not include checks on whether the staff member was barred from working with adults. A fourth staff member did not have proof of identity and address or a character reference in place. This staff member disclosed on their application that they had previous convictions which were detailed in the DBS check. Previous employment reference stated that they would not re-employ this staff member. The registered manager told us that this reference was followed up and he was informed that the reason for this was that it was not their policy to re-employ staff. Although the registered manager stated that he had requested a statement regarding the convictions from the staff member, this document was not available on the day of our visit. This meant the lack of recruitment checks

in place put people at risk of harm.

The above issues are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection the registered manager submitted documents which included interview notes/questions asked at the time of the interview and a risk assessment for the staff member concerned.

Most people we spoke with told us they felt safe. One person told us, "Yeah, it's safer in here." However another person told us, "No I don't feel safe,"

Risk assessments were detailed and covered various areas, such as risk of neglect, fire/smoking in people's room, risks in relation to inappropriate behaviours and risks of not returning to the home following social leave. Risk assessments identified areas of risk, likelihood, triggers/indicators and risk management plan.

People were protected from the risk of abuse because staff knew the signs to look for and types of abuse people they cared for might be subject to. Staff told us that they would in the first instance report any concerns to the registered manager or deputy and action to take should they suspect any abuse. They knew the external authorities to report their concerns to should they not be happy with the action taken by the service. This included the local authority and Police. At the time of our inspection six of the 13 staff members employed by the service, including bank staff had completed safeguarding training, with further training planned. One staff member told us how their training had given them a better insight into the types of abuse and the importance of reporting these to the manager and external authorities. The registered manager told us that he was working with the local authority in respect of a safeguarding incident involving allegations of abuse.

Staff worked between this service and the neighbouring service. On the day of our inspection there were two support workers on duty and a senior who arrived later in the day. The registered manager was called and arrived later in the morning. He told us that he was at the service every day of the week, with the exception of weekends, but was on call most weekends. On call support was also provided by seniors and the deputy manager. This was confirmed by staff. We reviewed the staff roster for June 2017 and saw that this reflected the staff on duty on the day of our visit. At nights there was one staff member on waking nights and another sleeping in. Staff told us that they felt there were enough staff on duty to meet people's needs as most people were independent and did not require personal care. Where people required support from a staff member in the community this was accommodated. There was a generic lone working policy in place. Although staff told us they felt safe working alone, staff had not been individually risk assessed to ensure that they were able to work alone. The registered manager told us that staff were able to manage each issue; if risk posed they would get in extra staff to manage this. He also said that he would be looking into the cost of purchasing a new alarm system which would also be linked to the Police.

Is the service effective?

Our findings

Staff told us that they felt supported by senior management, including the registered manager. Staff confirmed that they had received supervision. However, records showed that these did not take place on a regular basis and were not conducted in line with the provider's policy and procedure. This states that these should take place 'at least six times a year.' Four of the six staff records reviewed did not have supervision records and records for two staff members showed that these last took place in January and May 2017. One staff member working for the service for more than a year did not have an annual performance appraisal. This was not in line with the providers' appraisal policy, which states 'each employee will be appraised annually.'

Staff training matrix provided by the registered manager on the day of our visit indicated that staff had completed training in areas such as fire awareness, food safety awareness, and infection control, MCA and deprivation of liberty safeguards (DoLS), and medication. However, we noted a number of gaps in key areas of training, such as managing challenging behaviour and equalities and diversity. This meant that staff did not have all the necessary information on best practice on how to work with people whose behaviours challenged the service. This put people at risk of receiving care that was inappropriate and unsafe as staff had not been equipped with all the necessary skills to effectively carry out their role. Incidents reviewed indicated a number of incidents involving behaviours that challenged the service. Although staff confirmed that they had attended training, this was in contrast with records which did not reflect this. Records showed that the staff professional development plan included training where gaps had been identified, however the training dates had yet to be confirmed.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us that the service employed an external trainer who delivered in-house training to staff in various areas, including the care certificate as part of new staff induction. The Care Certificate is a recognised qualification that provides staff with the fundamental knowledge and skills required to work in care. Staff responsible for administering medicines had received the necessary training to do so.

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. We checked whether the service was working within the principles of the MCA. We found that the service was working within the principles of the MCA. People currently using the service had capacity and were able to make decisions about their care and support. Each person had signed a 'statement of capacity and consent to treatment as part of a community treatment

order (CTO). This is an order granted under the Mental Health Act that allows people with to be treated safely in the community rather than hospital. This was also signed by the consultant psychiatrist. We also saw evidence that some people had signed a consent form to allow the service to provide information to health and social care agencies and professionals involved in their care.

People received care from other health and care professionals. The service worked closely with the community mental health and commissioning teams. Records showed care programme approach (CPA) reviews, which included attendance by GP, consultant psychiatrist, care co-ordinator and the home manager were held regularly. Records showed that staff worked closely with a multi-disciplinary team to ensure that people complied with their CTO and their needs were met. Records also showed people attended hospital appointments pertaining to their health.

People were provided with food and drink and given a choice of foods. On the day of our visit we observed staff worked with people who used the service to prepare the evening meal. Staff encouraged people to take part in preparing their meal, one person who enjoyed cooking often assisted staff with meal preparations for the home. People from the service and the neighbouring home came together for their meal, which they ate in the dining room. Staff told us that food was stored in the neighbouring service and people from both services had access to this. Observations showed people were provided with tea and snacks throughout the day. Staff told us that food and drink was ordered on line and stored at the neighbouring home and taken to 105 Station Road as and when required. On the day of our visit we observed that people using the service walked between services and had access to food for their evening meal preparation.

Is the service caring?

Our findings

People who used the service gave us mixed feedback about how they were treated by staff. One person told us staff were, "Mostly alright." Whilst another person told us that staff spoke to them in a disrespectful manner and were, "Very confrontational. I asked for milk and was told to stop smiling. They [staff] are always right."

The service was not consistently respectful of people's choices. We found that people were not always given a choice in relation to having access to the kitchen. We received mixed feedback from people who used the service having access to the kitchen. One person told us that the kitchen was often locked. They told us, "We get shouted at to get out of the kitchen, when we want a sandwich." Another person told us that they often prepared meals and was given access to the kitchen when they wanted. We observed that access to the kitchen was restricted and a rota displayed on the door detailing the times when this would be opened for people to use it. Although on the day of our visit we noted that people used the kitchen when they wanted to. People told us there were times when the kitchen was closed but they had access to tea and drinks which had been placed on a table in the dining room. Staff told us that the kitchen was kept locked because one person's history of arson who required close supervision when doing cooking activities. This was documented in the person's care plan. This had an impact on other people living at the home which meant people's lifestyle choices were not always respected.

We concluded that the above amounted to a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

On the day of our visit we observed some good interactions between staff and people who used the service. Staff responded to people in a caring manner. We observed that people interacted with each other in a respectful and kind manner. Staff told us that they always treated people with dignity and respect. One staff member told us, "I am respectful, always and help them [people] to remain independent. Assist people without rushing them." Another staff member told us that it was important to give people choice and encourage their independence.

Care plans were detailed and covered areas such as, medication, mental health, physical health, personal hygiene and nutrition and outdoor/daytime activities. Care plans also included a column for people to give their views/comments as part of the care planning process. However, these were not consistently completed. Therefore we could not be sure that people were always involved in the planning of their care. One person told us that they had been involved in the planning of their care whilst another person said that were not involved. However, this was in contrast with key working session notes, whereby most of the ones reviewed had been signed by people living at the home and staff.

People used key working sessions to talk to staff about how they were getting on. Records showed these included discussions such as, their care plan, family contact, room cleaning and substance use. Key working sessions indicated any progress people had made, such as better management of their finances and encouragement to take part in activities/tasks to develop their independence.

People told us that they received visits from family and friends. One person told us that their brother visited them weekly and brought food. We observed that another person was visited by their relative on the day of our visit. Care plans clearly documented relationships maintained by people.

People had their religious and cultural needs respected and people's spiritual belief were recorded in their care plan.

Is the service responsive?

Our findings

People's needs were assessed before accessing the service. Records showed that one person had an 'individual assessment of need.' This covered areas such as, reason for referral/admission, history of health issues and background.

Care plans documented people's needs and the support they needed, however these lacked people's input. These were not always written in a person centred manner. The care plans referred to people in the third person and were task focused. The registered manager was aware of this and planned to make further improvements to care documents, including the introduction of a new computer system.

People participated in some activities. These took place jointly with the neighbouring service. One person told us that people did activities as a group, including, "Going on holiday and to the zoo or cinema. We have a take away every Friday." Another person told us, "I'm going to join the gym. You get what you put in."

Key working notes contained information about the activities people participated in. This included taking part in DVD nights at the home, playing computer games and going for walks. For example, one person's notes stated that they went shopping and for a walk in the community, and participated in some group activities such as DVD night and Tuesday music activities. People's likes and dislikes were also documented. However, key working meetings did not take place in line with the provider's guidance which states that these 'must take place every two weeks.' Records reviewed showed that these took place on a monthly basis.

People were able to go out when they wanted and people left the home to go to the local shops and attend appointments on the day of our visit. The service purchased a pool table, which we observed being used by people using the service. . People's preferred activities were documented in their care plan.

Staff told us that although people participated in some activities, they felt that activities were an area where the service could do better. Records showed the registered manager had identified this as an area for improvement prior to our visit. The action plan highlighted the need to identify more daily activities and a review this with people who used the service. This will include auditing the uptake of current activities by residents. Records showed that the registered manager had made referrals to Barnet well-being hub, a service set up by Barnet to assess people's interests and sign post people as necessary to activities of their choice. The registered manager told us that follow up discussions with Barnet were planned for 26 June 2017.

Staff told us the service had a complaints policy and procedure in place which included timescales for responding to complaints. This also provided staff with guidance on how complaints should be dealt with. People were given the option to contact the Local Government Ombudsman should they not be happy with the outcome of their complaint. People using the service told us that they felt able to approach the registered manager with their concerns. A relative told us, "I raised a few minor concerns and they were addressed." A leaflet about how to make a complaint was displayed on the notice board in the communal hallway. A suggestion box was available for people and their relatives/visitors to give their views/suggestions

on the service. We reviewed complaints held by the service. These contained details of the complaint and the action taken. However, these did not include the outcome.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

The service user handbook provided a guide for people on what they can expect from the service and for prospective applicants to make an informed decision on whether they wished to join the service.

Is the service well-led?

Our findings

At our last inspection we found there were no records of audits undertaken by management to ensure that the service was running appropriately and areas identified for improvement. There were no written action plans to address issues that had arisen and the registered manager was not clear about the improvements he proposed to make. This impacted on people living at the home, as their care plans were not always current, finances were not rigorously monitored, the home was not always clean and staff recruitment procedures were not always safe. We found that accidents and incidents were recorded appropriately, but there was no record of monitoring to determine if there were any trends in incidents, and determine ways of preventing their reoccurrence.

At this inspection we found the registered manager had made some improvements, however further improvements were required. Record of audits carried out contained a number of gaps. We found monthly audit such as audits of peoples' care records and health and safety audits had not always taken place. This included health and safety checks of people's rooms. For example, one person's room required cleaning did not have an audit in place, despite the poor cleanliness of their room. Another file contained a monthly audit form for 2016 which was partially completed with most areas left blank. Weekly audits which included medicine management and care file audits had not identified issues found on the day of our visit, including gaps in MAR. These contained gaps and did not always take place on a weekly basis as indicated. We found on-going issues with cleanliness and recruitment practices at the home. The registered manager did not have oversight of the service and did not have a service action plan in place. The service did not have robust quality auditing systems in place that would identify shortfalls which we identified during our inspection. This meant the lack of quality systems in place could have potential risk to people using the service.

Records of care delivery were not always accurate or up to date. For one person their care plan stated that they should be weighed at least once a month due to self-neglect. However, we noted several gaps in recording in their weight chart where the person's weight was not recorded in December 2016, January and February 2017. This put the person at risk of harm because monitoring systems were not effective to ensure that they were weighed in line with their plan of care.

Policies and procedures were in place however these did not always reflect the way the service operated. This includes infection control and recruitment practices, also staff supervision and appraisal policies and quality assurance in relation to audits and monitoring of the service.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection the registered manager devised an action plan listing the areas where improvements were required, including concerns raised on the day of our visit. This includes timeframes for when each action would be completed. Amongst the improvements identified this included a complete modernisation of the building, including new kitchens, more robust auditing systems to ensure records for people using the service and staff were accurate and up to date. The registered manager told us that

improvements had already started, including the re-decoration of communal areas of this and the neighbouring service. The registered manager is also working closely with the local authority quality in care team who told us that the provider is engaging well with them, to improve the quality of the service.

People and their relatives were sent questionnaires during November and December asking them their views on whether they felt the service listened to them. The results showed mixed views and indicated some improvements were required. This included the need for staff to hold key working sessions to identify people's needs and managing behaviours that challenged the service. Records showed that key working sessions were held with people and covered risk in relation to people's behaviours and lifestyles. The provider had acted on concerns and made changes to improve the way the service operated.

Most people told us they felt the service was well run. One person told us, "Yeah, the manager is ok." Another person said, "They [registered manager] stop caring about the business."

Staff spoke highly of the registered manager, comments included, "He is a lovely man, generous, and residents connect with him. I do feel comfortable talking to him and raising concerns," and "He is a good boss, one of the most generous."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider failed to ensure that service user's lifestyle choices were not always respected and their independence and involvement in the community of the service.</p> <p>Regulation 10 (1)(2)(a0(b)(c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure that staff received Staffing appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,</p> <p>Regulation 18 (1)(2)(a)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to provide safe care and treatment to service users. This includes,</p> <ul style="list-style-type: none"> (a) assessing the risks to the health and safety of service users of receiving the care or treatment; (b) doing all that is reasonably practicable to mitigate any such risks; (d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; (g) the proper and safe management of medicines; (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; <p>Regulation 12 (1)(2)(b)(d)(g)(h)</p>

The enforcement action we took:

we served a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to ensure that the premises used to provide regulated activities were not properly maintained. Premises and equipment</p> <p>Regulation 15 (1) (e)</p>

The enforcement action we took:

we served a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that;</p> <ul style="list-style-type: none"> (1) Systems or processes were established and

operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes enabled the registered person, in particular, to—

- (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
- (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
- (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;
- (d) maintain securely such other records as are necessary to be kept in relation to—
 - (i) persons employed in the carrying on of the regulated activity, and
 - (ii) the management of the regulated activity;

Regulation 17 (1)(2)(a)(b)(c)(I)(ii)

The enforcement action we took:

we served a warning notice