

Clo-Clo Ltd

Bourne Hill Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 29 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. At our previous inspection in July 2017 we rated this service "Good" however we found one breach of regulations with regards to notifying the CQC of significant events. We found that the provider had taken satisfactory actions in response to the last inspection report.

Bourne Hill 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. Bourne Hill Care Home provides care and support for up to five people with learning disabilities. At the time of our inspection there were four people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

We found there was a procedure to identify and manage risks however assessments were not always updated regularly or when people's needs changed. Staff told us they felt supported however they did not always receive their on-going professional development. Staff were not receiving annual appraisals. Staff did not always receive formal supervision.

People and a relative told us they felt safe with staff and there were enough staff to meet their needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. Staff kept detailed records of people's accidents and incidents. Staff wore appropriate protection equipment to prevent the risk of spread of infection. Medicines were stored and administered safely. People's finances were handled safely. The home environment was clean.

Staff undertook regular training to help support them to provide effective care. The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, staff did not have a good understanding of MCA and DoLS. MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their best interest. We have made a recommendation about staff training on the subject of MCA and DoLS.

We saw people had choices about their life. The service was well decorated and adapted to meet the needs

of people using the service.

People told us that they were well treated and the staff were caring. We found that care records were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. People had access to a variety of activities. People's end of life wishes were explored. The service had a complaints procedure in place and relatives knew how to make a complaint.

Staff told us the registered manager was supportive. The service had various quality assurance and monitoring mechanisms in place however had failed to identify or address the concerns found during the inspection.

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

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. Risk assessments were not always updated regularly or when people's needs changed.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Medicines were recorded and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People's finances were managed safely.

People were protected by the prevention and control of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff did not receive regular supervision and appraisals. Staff undertook regular training.

The provider meet the requirements of the Mental Capacity Act (2005) to help ensure people's rights were protected. The registered manager had a good understanding of Deprivation of Liberty Safeguards (DoLS). However, staff did not have a good understanding of MCA and DoLS

People were supported to drink sufficient amounts and eat nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Requires Improvement ●

Is the service caring?

The service was caring. People and a relative told us that they were well treated and the staff were caring. People could make choices about how they wanted to be supported and staff listened to what they had to say.

Good ●

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans to meet their needs were developed. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of activities.

The service had a complaint process in place.

The service had an end of life policy for people who used the service. The service explored people's end of life wishes.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Quality assurance checks were not always identifying problems with the service provision.

Staff told us they found the manager approachable and supportive.

The service linked in partnership with other agencies to help support people.

Bourne Hill 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 29 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, the local borough safeguarding adult's team and health and social care professionals

During our inspection we spoke with the registered manager, and three support workers. We also spoke to three people who used the service. After the inspection we spoke with one relative. We looked at three care files which included care plans and risk assessments, four staff files which included supervision and recruitment records, quality assurance records, two medicine records, three finance records, training information, and policies and procedures.

Is the service safe?

Our findings

There was a procedure to identify and manage risks associated with people's care. The risk assessments looked at personal hygiene, challenging behaviour, medicines, diet, physical health, road safety, stairs, fire safety and absconding. However, not all people had risk assessments. For example, one person did not have any risk assessments in their care records. This meant staff were not given written information on how to mitigate risks to this person's healthcare needs. We spoke to the registered manager about this who was unable to provide the risk assessment records during the inspection. After the inspection the registered manager sent us a copy of the risk assessment.

Risk assessments did not always accurately identify the risk and were not always updated when people's needs changed. For example, one person's risk assessment was dated 10 January 2018. The registered manager had told us this person's behaviour had recently become more challenging and they made a referral to the learning disabilities team for support. Records and the person's relative confirmed this. However, the service had not updated this person's risk assessment to reflect the change of behaviour. This meant it was unclear from the information documented how staff could support this person when they displayed behaviour that challenged the service. This meant people were at risk of harm because the information was not always available and being completed.

The above issues relate to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

People and a relative told us they felt the home was safe. One person told us, "[Staff] make me feel safe. Night staff make us safe." One relative said, "[Relative] is safe."

Staff were aware of the various forms of abuse that could occur and the signs to identify them. They were aware of how to report any safeguarding concerns in line with the provider's safeguarding procedure. Staff told us they were confident that the registered manager would take appropriate actions to keep people safe. One staff member said, "I have to let my manager know. Secondly, I would tell the [provider]. I would have to call CQC if no action." Another staff member told us, "I have to inform the manager first. You have to inform the Care Quality Commission [to whistle blow]." The registered manager understood their responsibilities in safeguarding people including investigating concerns, liaising with the local authority and notifying CQC.

The service looked after money for all the people who used the service. Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to the person and kept receipts of items that were bought. Financial records were signed by a member of staff. Financial transactions were checked twice a day. Records confirmed this. However, records showed the service had not looked at the risks for handling people's money. After the inspection the registered manager sent us updated risk assessments for each person in regards to their finances. This minimised the chances of financial abuse occurring.

The service has systems in place ensuring the reporting and monitoring of all accidents and incidents with

people living at the service and staff. Each accident or incident was recorded with details of the incident and actions to keep people safe. For example, the service kept Antecedent, Behaviour and Consequence (ABC) recording charts after each incident to help identify and have an understanding of someone's behaviour.

From our observations there were sufficient staff on duty to provide care and support to people to meet their needs. The registered manager told us staffing levels were based on people's needs safely. The registered manager said lessons had been learnt with staffing levels recently. The registered manager said night staff had been decreased as a person's behaviour had improved. However, from observations the person still needed more support. The registered manager had then increased the staffing at night so the person was safe. Records confirmed this. A relative said, "I think there is [enough staff]." One staff member said about staffing levels, "I think staff okay. The manager will always get cover." Another staff member told us, "We have enough staff. We have enough time to care for people well."

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Medicines were stored securely in a locked cabinet in an office. The service had a fridge to store medicines available to use. However, at the time of our inspection no medicines needed to be stored in the medicine's fridge. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Records showed the registered manager checked the medicine records weekly. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Medicine records for each person included possible side-effects. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. One relative told us, "What really impresses me is they have a picture of [relative] on the [medicine records] so there is no mistake to give the wrong medication. I am pleased with medicines."

Records showed people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. PRN medicines are to be taken as needed instead of on a regular dosing schedule. People's behaviour was not controlled by excessive or inappropriate use of medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended effect.

Equipment checks and servicing were regularly carried out. The service had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, portable appliance testing, gas and electrical safety checks. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Records confirmed this. However, water temperature checks were not being recorded. We spoke to the registered manager who told us they would start immediately recording regular water temperature checks.

The environment was clean, and free of malodour. One relative said, "The home is always clean." Records showed staff had completed training on infection control. Staff had access to policies and guidance on infection control. The kitchen and bathroom had guidance displayed on infection control. Records showed a weekly and monthly cleaning rota was being completed. One staff member told us, "We use gloves, disinfectant and aprons."

Is the service effective?

Our findings

Staff we spoke with felt supported by the registered manager however they were not always getting regular formal supervision sessions in line with the providers' supervision policy. The supervision policy stated, "All staff must attend formal supervision sessions at least six supervisions per year." One staff member last had recorded formal supervision 7 February 2017. However, this staff member told us, "I had [supervision] last month. I don't think [registered manager] recorded it." Another staff member had supervision recorded on 20 July 2018 however we saw no other supervisions were recorded before this date. The registered manager acknowledged this and told us they would implement regular formal supervision sessions with immediate effect.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager was unable to locate annual appraisals for staff. After the inspection the registered manager sent us copies of annual appraisals for staff. We were reassured that staff appraisals had been carried out as per the provider's policy.

People who used the service and a relative told us they were happy with the service they received and felt staff had the skills and experience to provide support. One person said, "[Staff] good. [Staff] are kind and helpful. I've got to know them." A relative told us, "I am satisfied with the care home. I am quite happy with staff. They are nice and friendly." A health and social care professional had given written feedback to the service about a person who had used the service. The feedback stated, "I appreciate there were some difficult challenges involved in [person's] care, but [registered manager] and your staff managed these effectively."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. The assessment looked at personal care, dressing/undressing, oral hygiene, nail care, eating and drinking, medicines, skin care, toileting, and activities. The registered manager told us there had been no new admissions since the last inspection.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "I have training in September. It is good. It helps refresh your memory." Staff we spoke with confirmed that they had received all of the training they needed. Records confirmed staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such as moving and handling, safeguarding adults, infection control, dignity, person-centred care, first aid awareness, fire safety, health and safety, food hygiene, medicines, continence and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also received training specialised to the needs of the people they were caring for. This training included challenging behaviour, autism, down syndrome, depression and self-harming, and dementia.

People told us that they had access to food and drinks throughout the day and were able to choose what

they wanted to eat. Our observations confirmed this. One person told us, "I like my food. Food is alright. You eat what you want." Another person said, "They have hot meals. They give you a choice." A relative told us, "[Relative] is happy with the food." The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchen.

Staff were aware of the people who were on specialised diets and explained the meal preferences for these people which were reflected in the care plans we looked at. A relative told us their relative had been referred to a dietician to help lose weight. They said, "She is losing weight. She gets more salads." During lunch people were offered a range of drinks. Meals were attractively presented and there was a relaxed and calm atmosphere. We overheard one person say, "I am full now." This person took their plate back into the kitchen and said to a staff member, "I want some apple now." The staff member gave the person a plate of cut up apples for dessert.

People were supported to maintain good health and to access healthcare services when required. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helps people to make sure that the service had thought about people's health and that their health needs were being met. Records showed people visited a range of healthcare professionals. One person said, "I go to the hospital. [Staff] go with me. I go see the doctor." A relative told us, "[Relative] has many hospital appointments. A member of staff goes with her. She has access to the GP. They [took] [relative] to the dentist who knew her which was very good actually. A chiropodist goes in to see her." This showed the service was seeking to meet people's health care needs.

The premises, décor and furnishings were maintained to a good standard. They provided people with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use. The home was spacious and free from clutter. People's bedrooms were personalised.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the registered manager was able to explain the process she would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the CQC of the outcome of the applications. We saw evidence of these principles being applied during our inspection.

Staff were seen supporting people to make decisions and asking for their consent throughout the inspection. People told us that staff members asked their consent before helping them. We asked one person if staff asked their permission. They told us, "Yes they do." Throughout the inspection we overheard

staff asking people if they wanted to be involved in activities, offering drinks and if they needed to use the toilet. One staff member said, "[Person] said today he didn't want to go outside so I waited 30 minutes and asked again. I have to ask him for everything."

However, staff we spoke with did not have good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how it applied to the people who used the service. One staff member said, "[People who used the service] need more support" when asked about DoLS. Another staff member told us, "It is for their safety and security." We spoke to the registered manager about staff member's lack of understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). She advised us that extra training would be provided to all the staff.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Our findings

People and a relative told us the staff were caring. One person said, "[Staff] are a friend to me. They are my family." The same person commented, "I used to get distressed and emotional. It's changed now because staff talk to me a lot more." A relative told us, "From what I can see [staff] all seem to like [relative] and are caring of her." A health and social care professional had given written feedback to the service about a person who had used the service. The feedback stated, "I appreciate the warmth and kindness you and your staff showed to [person], making her time with you a very positive experience."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the home. One staff member said, "I like my job. I have a good rapport with everyone." Another staff member told us, "I like it. I consider [person who used the service] like my daughter. She understands me and hugs me." A third staff member said, "It is very good. It is a very sweet home. I like to work with people." Throughout the day we saw staff sitting with people engaging in conversation. For example, we overheard a person ask a staff member, "Can I go to the toilet please?" The staff member held the person's hand and sang to her while they walked to the toilet.

Staff knew the needs and preferences of the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. One staff member said about key working, "You have most of the responsibility. I have to check paperwork. I talk to the GP. I call his [relative] and [meet] his [relative] with the manager."

People's privacy and dignity was respected. One person said, "You need company and quiet times. I get them [both] here. I call [bedroom] my quiet zone." A relative told us, "What I like [relative] has her own room and her own space. She can be alone if she wants to be." Staff we spoke with gave examples how they respect people's privacy. One staff member told us, "I lock the door [when giving personal care]." Another staff member said, "When I go to [people's] room I knock on their door. I say, 'good morning.' I close the door when giving them a shower. I try to give them privacy."

People's independence was encouraged. Staff gave examples how they involved people with doing certain aspects of their personal care and going out into the community to help become more independent. One staff member told us, "I give [people] chance to learn every day. For example [washing themselves]." Another staff member said, "[Person] has to be independent. I observe [person] folding their clothes."

Is the service responsive?

Our findings

People and a relative told us the service was responsive to people's needs. One person said, "If I get confused [staff] do help." A relative told us, "[Staff] let me know what is going on. In the last few months things have improved for [relative]. They take her out. They have bought her new clothes and taking her to the shops. She looks quite healthy to me. I am not worried about her."

Support plans were person-centred and people's involvement in the care planning process was reflected by our observations during the inspection. For example, one care plan stated a person liked to have tea and biscuits at 11am. We saw this person having a cup of tea and biscuits at the time on their care plan. The registered manager was in the process of rolling out a new style support plan. Care plans contained a one page profile which included sections that detailed what was important to the person, how the person liked to be supported and what people liked about the person. Care plans detailed people's likes and dislikes, preferred daily routine, clothing and personal care preferences.

A relative told us that they had not seen their relative's support plan. However, the relative told us, "[Staff] seem to have a [support] plan worked out for [relative]. I haven't seen it. If I wanted to I could be included. If I wanted to see it they would show me. They don't hold anything back." Records for care plan reviews did not always show relatives involvement. The registered manager told us after the inspection they have a plan to contact all the relatives of the people of the service and organise reviewing people's care.

People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "They [LGBT people] are human beings with freedom." A staff member told us, "We must allow them [LGBT] to live their lives. They must have their freedom." Another staff member said, "I would have to talk to them to find out what they want." Records showed support plans had a section called 'sexuality' however it was not being completed by the provider. We spoke to the registered manager who advised she would review the support plans to include discussions around people's sexuality needs.

People had access to planned activities. Activities on offer included listening to music, puzzles, and arts and crafts. People also had access to activities outside of the service which included college, day centres, social clubs, walks and shopping. One person said, "We go to a club for people who are [sight impaired]. I've got games and staff play with me."

During our inspection we saw group activities with people. We observed in the morning one person go to college. We also observed two people playing dominoes with a staff member. Both people were laughing and smiling throughout the activity. The service also had a small sensory room where one person liked to sit in.

There was a complaint process available and this was on display in the communal area so that people and

their relatives were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

The relative we spoke with knew how to make a complaint and that their concerns would be taken seriously and dealt with quickly. The relative said, "If I was unhappy I would ring up and tell the manager. I wouldn't let it slip." There were systems to record the details of complaints, the investigations completed, and actions taken as a result. The registered manager told us there had been no formal complaints since the last inspection.

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of life policy which was appropriate for people who used the service. Records showed that end of life wishes were recorded during the care planning stages with involvement with people. This meant people and their relatives explored their end of life wishes and where they would like to spend the last stages of their life.

Is the service well-led?

Our findings

At the last inspection in July 2018 we found no statutory notifications had been sent to the CQC in respect of outcomes to Deprivation of Liberty safeguards (DoLS) and other serious incidents. At this inspection we found the service was now submitting statutory notifications.

During this inspection records showed the service had systems in place to regularly assess and monitor the quality of care people received. The purpose of having such systems in place is to identify areas of the service which require improvement and drive forward the quality and safety of the services provided. The systems the service had in place included quality assurance visits from an external provider, medicine administration records checks, financial checks and obtaining feedback from people and their relatives who used the service.

However, we were concerned that the provider's approach to ensuring service quality, monitoring the service was not working effectively and bringing about improvement was not effective. This was because it did not pick up or address the issues that we have raised during the inspection. For example, the service used an external provider to conduct regular quality monitoring visits on the service. We looked at the visits conducted on 14 June 2018, 20 June 2018 and 29 June 2018. The quality monitoring checks for these visits include staffing numbers, training, home environment, medicines, safeguarding, activities, complaints, and care plans. Whilst the quality monitoring checks were thorough and regular they had failed to identify concerns we had identified such as managing risks effectively for people's care, annual appraisals, regular formal supervision, staff understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and support plan reviews. This meant that systems were not effectively operated to monitor and improve the quality and safety of the services provided to people.

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

People who used the service and a relative spoke positively about the registered manager. One person told us, "[Registered manager's] good. A lot of the staff I like. They are all very good." A relative told us, "This manager does a good job. She is quite an organised lady. Has a strong personality. Things have improved considerably since she has been there."

There was a registered manager in post. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They had current policies and procedures in place to run the service. The registered manager told us she had worked with the service since February 2018 and had been the registered manager since 31 July 2018.

Staff told us that they felt supported and seen improvements since the registered manager had been in post. One staff member said, "[Registered manager] is very good. Supports staff and [people who used the service]. She is the best manager." Another staff member told us, "[Registered manager] understands everyone. She is very open and never rude to anyone. She is an equal." A third staff member said, "If you

don't know something [registered manager] will help."

The registered manager described in detail the support provided to people, and knew them, their preferences and needs well. They had built up a strong relationship with people who used the service since joining the service. The registered manager had a strong focus on continuous learning for the service. This included the registered managers' own learning and development. The registered manager told us, "I have been a cardiac nurse for 13 years. I have a diploma in health and social care management. I am going to do a [Level 7 [QFC] in management] in the future."

The service held regular staff meetings where staff could receive up to date information and share feedback and ideas. Topics included safeguarding, infection control, respect and dignity, supervision, record keeping, medicines, training, people who used the service, and the Mental Capacity Act 2005 (MCA). One staff member told us, "We have [staff meetings] every month. [Registered manager] talks about communication. You talk and sort things out."

There were systems in place to monitor people's and relative's satisfaction with the service. The last survey sent out was on 4 July 2018. Records showed that three surveys had been returned. The survey covered topics such as safety for people, respecting personal beliefs, medicines, staffing levels, cleanliness of the home, respecting and dignity, privacy, end of life care, complaints, and feedback on senior management. Overall the results were positive about the service. Comments included, "Thank you to all the staff for all the love and care that has been given to [relative]" and "the staff are very caring."

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us they worked with local learning disability and clinical teams, social services, day centres and local colleges.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and wellbeing of service users and did not always do all that as reasonably practicable to mitigate any risks. Regulation 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Contemporaneous records were not always maintained. Regulation 17 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems or processes were not established and operated effectively for appropriate professional development, supervision and appraisal to help staff carry out their duties. Regulation 18 (2) (a)