

London Borough of Hounslow






# Clifton Gardens Resource Centre

## Inspection report

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November 2014  
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### Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

### Overall summary

This inspection took place on the 30 October 2014 and 5 November 2014 and was unannounced.

Clifton Gardens Resource Centre provides accommodation and care for a maximum of 43 older people who may also be living with dementia. At the time of our visit there were 42 people using the service.

The service had a registered manager. 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.

The provider met all of the regulations we inspected against at our last inspection on 27 February 2014.

# Summary of findings

We saw that the ongoing reviews of people's support needs to ensure that the service could provide the care they required were not carried out as scheduled. We also saw that audits relating to the care plans and recording of medicines were not carried out consistently.

We saw there was a clear process and procedure in place for the storage, receipt and disposal of medicines that had been prescribed to people using the service. We saw the majority of Medicines Administration Record (MAR) charts were completed accurately but we did see the records for one person were not clearly recorded. We have made a recommendation about the management of medicines.

We had mixed comments relating to the food options available to people using the service with some people unhappy with the choice of food available in the evenings and other people were positive about the food available. The housekeeping staff helped support people eat who were on a soft diet but they had not received any formal training. We have made a recommendation about the staff training in relation to supporting people on soft diets.

People we spoke with told us they felt safe in the home and the provider had policies and procedures in place to

respond to any concerns raised relating to the care provided. There was a clear process in place for the recording and investigation of any accidents and incidents that occurred at the home.

The manager understood that appropriate authorisation was required where a person might be deprived of their liberty and was in the process of making a Deprivation of Liberty Safeguards (DoLS) application to the local authority for people using the service. Initial assessments were being carried out to prioritise any applications.

We saw people's care plans identified the person's support needs and these plans were up to date. People told us they liked the activities that were organised at the home and we saw people enjoying different types of activity during our inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to staffing levels, infection control, management of risk, staff training and support, reviews of care needs and monitoring the quality of the service. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. People using the service were put at risk as standards of cleanliness were not maintained. There were not always enough staff to meet people's care needs appropriately and safely.

Staff did not use a hoist appropriately when moving a person into an armchair and risk assessments for moving and handling had not been reviewed.

Risk assessments were not carried out to identify if a person was at risk of pressure ulcers but people felt safe in the home and when they received care.

Inadequate



### Is the service effective?

Some aspects of the service were not effective. Staff had not received the necessary training and support they required to deliver care safely and to an appropriate standard.

People gave mixed feedback regarding the choice of food available. Some of the staff had not received formal training on how to support people to eat if they are on a soft diet.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments had been carried out for all the people using the service and referrals were being made to the local authority.

Requires Improvement



### Is the service caring?

The service was caring. Information relating to some people's personal history was not always provided for staff.

People felt staff respected their privacy and dignity while providing care and spoke to people in a kindly and supportive manner. We saw people were encouraged to maintain their independence.

Good



### Is the service responsive?

Some aspects of the service were not responsive. Reviews of people's care needs were not carried out as planned after six weeks and six months of living at the home.

Care plans were in place identifying each person's support needs. These plans were clearly written and up to date. People enjoyed the range of activities organised at the home.

People knew how to make a complaint. The service had a complaints policy and procedures in place. We saw complaints had been resolved to the complainant's satisfaction.

Requires Improvement



# Summary of findings

## Is the service well-led?

Some aspects of the service were not well-led. The provider had various audits in place to monitor the quality of the care provided. Some of these had not been completed at the required intervals whilst others did not identify the issues we found during our inspection which required managerial attention and action.

Staff told us they felt they received appropriate support to carry out their role from the manager and senior staff.

The manager held staff meetings every two months where complaints, health and safety and how care can be provided in an appropriate and safe way was discussed.

**Inadequate**



# Clifton Gardens Resource Centre

## 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 30 October 2014 and 5 November 2014 and was unannounced.'

The inspection was carried out by an inspector and an expert by experience who attended the first day of 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. The expert by experience had expertise in relation to the care of older people who had lived in a care home.

During the inspection we spoke with five people using the service, five relatives the registered manager and four staff members. We looked at the care plans and risk assessments for 12 people using the service, seven daily records and the Medicine Administration Record (MAR) charts for 15 people. We looked at the HR records for four staff members. We looked at the records of 11 people using the service to see if information was consistent and up to date across all their records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also carried out general observations around the home when meals were being served, during activities and when people were resting in the lounges.

Following the inspection we contacted the General Practitioners (GPs) who provide support for the service and we received feedback from one of them.

# Is the service safe?

## Our findings

Relatives we spoke with told us they felt there were not enough staff on the units to provide the care required to meet people's support needs. One relative said "The carer is always on their own doing their best to provide care but they are very busy." This view was supported through our observations and speaking to staff. The manager explained that staffing based on assessed support needs was a ratio of one carer to five people using the service. There were five different units at the home. At the time of our visit two units had ten people receiving care and a third unit had nine people. There were two members of staff working on each of these units during the day. A fourth unit had eight people receiving care and the fifth was providing care for six people. These two units had one staff member providing support during the day. We observed that the staffing levels resulted in people not receiving appropriate and safe care.

When the staff were supporting people with personal care there was no one to provide support to the other people on the unit. We saw on a smaller unit that, while the only care worker was busy in a person's room, one person was calling out to be helped to the bathroom and the other people were asking for breakfast. Staff members we spoke with said "Sometimes I am helping one person to the toilet and the bleep sounds telling me someone with a risk of falls is standing on their alarm mat. As there is no one else around, do I carry on helping the person to the toilet or leave them to check on the person who could fall", and "There are often not enough staff on this unit especially when two staff provide care so we depend on the domestic staff to help out". We spoke with a housekeeper who told us they were providing support for people using the service while the care staff were busy with personal care. We found assessments of people's needs were not up to date and the manager explained that these assessments had not been carried out due to a shortage of staff at the home.

We observed a person who was in a lounge where staff were not present calling out "Is there any staff coming?" A staff member arrived in the lounge after five minutes and checked on the person who called out. We saw staff members had to have help from the housekeeping staff to provide appropriate support to people. Staff had to split their time between providing support for a number of different people as well as serve the food as there were not

enough staff. We saw from the care plans we looked at and through observation that a large number of the people using the service required support from either one to two staff members for personal care and to move around the home.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected from the risks of infection due to poor cleaning practices. We saw a number of the communal toilets around the home were not clean with dust and rubber gloves left on the floor. There was dirt and dead insects in the plastic covers on the ceiling lights. The storage bins in each toilet used for soiled incontinence pads did not have lids and some had faecal matter around the opening. The communal toilets near a lounge on the ground floor had a strong smell of urine and there was faecal matter on the wall in the corridor. We saw the flooring in the corridors and the lounges had not been cleaned recently with broken biscuits and other food on the floor.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected from unsafe care as staff were not using a hoist appropriately when moving people. During our inspection we observed two staff members moving a person from a wheelchair to an armchair in a lounge. The staff used a hoist where the person was seated. However we saw they were using the incorrect sling for this type of hoist. We immediately asked the staff to get the person seated and remove the standing hoist sling as the actions we observed placed the person at risk of injury. We informed the manager and identified the equipment that had been used. The manager told us they would discuss this with the staff and ensure they understood the correct procedure for using a hoist.

Assessments were not carried out to review the risk of pressure ulcers and identify how any risks should be managed. The manager explained that they did not have a formal assessment process but if staff saw reddened skin or a pressure ulcer developing they would inform the district nurse team. The district nurse would then assess the injury and identify a suitable treatment plan. We saw records completed by the district nurse in a separate folder detailing treatment and giving guidance on appropriate wound care. Staff were unable to identify if people were at

## Is the service safe?

higher risk of pressure ulcers and put in place appropriate preventative or risk reduction measures instead of waiting for the person's skin to begin to deteriorate before action was taken.

We saw the moving and handling risk assessments for five people had not been reviewed since 2013. The manager told us that risk assessments were reviewed every six months or when required. This had not happened. People were at risk of receiving inappropriate care and treatment because the assessments and the information describing the appropriate support the person required during moving and handling was not up to date.

Housekeeping staff helped people to eat pureed food and thickened fluids during meals. The staff explained that they had been shown how to help someone to eat soft food by another staff member but had not had any formal training including what to do if the person started to choke. This increased the risk of people receiving inappropriate support while eating which could lead to them choking or food going into their lungs.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were stored safely and records were kept for the medicines received and disposed of. We saw medicines were provided by the pharmacy in individual blister packs by type of medicine and when it was to be taken during the day. When medicines were received from the pharmacy they were checked against each person's prescription. Staff could only administer medicines once they had completed the pharmacy training courses and had been assessed as competent. We saw each person had a medicine profile which included their picture and a list of their prescribed medicines. This enabled staff to easily identify the person they were administering medicine to and what they were taking.

There was a clear process in place for the disposal of unused medicines. We saw that all medicines that were due for disposal were recorded in a returns book and they were signed for when collected by the pharmacy. If controlled drugs were being disposed of the returns book would also be signed by a staff member.

The majority of Medicine Administrations Record (MAR) charts we looked at were clearly and correctly completed by staff. We saw the MAR chart for one person showed they had been given all their prescribed medicines for the

previous 13 days. When we looked at the blister packs for this person it appeared medicines had not been given for this period. We spoke to the manager regarding this and they explained each blister pack was separated into weeks 1 to 4 for the month. The staff had started the blister pack on the wrong week, had then identified the error and started on the correct week. This meant that staff could not easily check the MAR chart against the blister pack to ensure medicines had been administered correctly.

Three people using the service told us they felt safe in the home and with the care they received from staff. The other people we spoke with did not comment on if they felt safe. We saw the service had effective policies and procedures in place to deal with any concerns that were raised about the care provided. Staff completed safeguarding training and records we saw showed that the majority of staff were up to date with their training. Staff we spoke with were aware of the principles of safeguarding and how they would protect people using the service from abuse. We saw records of safeguarding concerns that had been identified which included information on the incident, the outcome of any investigation and any required action. The records we saw showed that the provider had dealt with these appropriately.

The service had an effective recruitment process in place. The manager explained that the provider carried out all recruitment processes for the service. Applicants were required to provide two references and attend an interview with the manager. New staff were not permitted to start work until an appropriate criminal records check had been received. We saw that all staff had gone through the recruitment process including receiving two suitable references and had a current criminal records check.

The service had a clear process in place to record and investigate any incidents and accidents. We saw record forms were completed with the details of the incident or accident, who was involved, the outcome of the investigation and any actions taken. When the manager carried out their investigation they recorded information on the form relating to any contributory factors to the incident and if any changes had been made to the person's care plan and risk assessment. We looked at six accident and incident forms and four of the forms had been completed in full. Two of the record forms had not been completed in full with details of the incident and any actions taken missing. Information from the reporting forms was

## Is the service safe?

recorded on a computer system and was sent to the provider's health and safety team to be reviewed. The health and safety team would feedback to the manager if they identified any trends in the type of incident so appropriate action could be taken.

People using the service had plans in place in case of an emergency. We saw each person had an evacuation plan in place with guidance for staff describing what action should be taken. Any issues that could affect an emergency

evacuation from the home were identified including mobility and health conditions. The manager explained that the evacuation plans were reviewed every six months. The majority of plans we looked at had been reviewed within the previous six months.

**We recommend that** the service seek advice and guidance relating to the administration of medicines provided in blister packs.



# Is the service effective?

## Our findings

Staff told us they had completed some training which they had found useful in order to meet people's needs. We saw people were cared for by staff that were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training, supervision and annual appraisals. The provider had identified a number of training courses as mandatory with refresher courses completed either annually or three yearly depending on the course. The records for 29 care staff showed that 25 staff had not completed their annual fire safety course since 2013 and four people had not done this training. We saw 22 staff were not up to date with the annual infection control course including five staff not completing it for more than 2 years. Nine staff had not completed the annual moving and handling refresher course during the previous year.

The majority of people using the service were living with dementia. The manager told us and records we saw showed that staff were only required to attend training on dementia awareness once. We saw that 13 staff had completed the training before 2011 and five care staff had not done the course. Staff did not have the necessary skills and knowledge to provide appropriate care as they have not received up to date training based upon identified best practice.

A staff member told us "I had regular supervision meetings until my supervisor left then I have not had any." The manager explained that it was expected that each staff member would have eight supervision sessions with their manager and an annual appraisal per year. We looked at the supervision and appraisal records provided during our inspection and they showed that staff did not have regular supervision with some staff not meeting with their manager during 2014. We also saw that the majority of staff had not received an annual appraisal. This meant that staff were unable to discuss any issues in relation to their work or identify any additional training needs to support them in providing appropriate and safe care. Since the inspection the manager provided a record showing that staff had appraisals during May 2014 but during the inspection we did not see any records of these appraisals.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A staff member we spoke with said "The induction was very good and helped me understand the job". New staff completed a three day induction programme including reviewing policies and procedures, understanding their role and some of the mandatory training. Staff also completed the Skills for Care common induction standards. Staff would then shadow experienced staff for between three days and three weeks depending on their previous experience. New staff had a six month probationary period. In the staff files we looked at we saw probation assessment records had been completed based upon observation and feedback indicating that the person had reached the required level of competency for their role.

The activities co-ordinator explained that there were two volunteers who provided additional support with activities at the home. All volunteers completed a criminal records check and an induction including health and safety but did not provide support with personal care. Volunteers also shadowed the activities co-ordinator until they felt confident in their role.

We asked to see the policy and procedure in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and one was not provided. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it was in their best interests and there was a less restrictive option by which to provide support. At the time of our inspection we saw two DoLS were in place and a further three were being processed. The manager explained that they had agreed with the local authority to assess people in relation to their ability to make decisions about their care and accessing the community. Where identified, DoLS applications would be made over the following month. We saw information relating to when applications were made, the outcome and review dates were recorded. The DoLS paperwork was kept in the person's care folder to enable staff to read and understand the restrictions to the person's liberty that were in place.

We saw that care staff were required by the provider to complete training on the MCA. Records showed that 24 members of staff had completed the course within the last three years. Staff we spoke with had a basic understanding of MCA and DoLS. The manager explained that during the training staff were given a booklet explaining the principles of the MCA in relation to providing appropriate care.

## Is the service effective?

The feedback people gave us about the food at the home was mixed. One person we spoke with said “I am fed up with soup and sandwiches for tea every night.” A relative told us “It would be good to give people a bit more choice in the evening as they always tend to choose the cakes and don’t eat the savoury food like soup which are more filling.” Other people we spoke with said they liked the food and could choose from the menu. We saw that the menu in a lounge was displayed on the wall away from where people were sitting so they could not see that day’s choice of food.

We saw a staff member tell people what the menu options were. A staff member we spoke with was able to explain the specific support needs people had in the dining room in which they were working. We observed lunch and saw the staff member chatted with the people eating lunch, provided them with appropriate support and encouraged them to eat.

Nutrition care plans were in place identifying specific requirements and concerns regarding food and drink. We saw that where a person had been identified as being at risk of malnutrition their food and fluid intake was recorded.

We saw that people were supported to maintain good health and the care plans identified each person’s individual healthcare needs. The manager told us whenever possible people could choose to stay with their own General Practitioner (GP) or they were registered with the local practice. The GP visited the home weekly and the manager explained that staff supported people to sometimes visit the practice for appointments depending on their care needs. We saw records of GP visits in people’s care folders. People were also visited by an optician, a dentist and chiropodist with these visits recorded. This enabled staff to monitor any changes to medication or people’s care needs and make any updates required to their care plan and risk assessments.

## Is the service caring?

### Our findings

People we spoke with told us they felt staff respected their privacy and ensured their dignity was maintained when receiving care. Staff gave us examples of how they would ensure a person's privacy and dignity was being respected. They told us how they provided care in an appropriate manner and we saw that they ensured bedroom and bathroom doors were closed while they were providing personal care. During our inspection we saw a person was trying to undress in a communal area and the staff encouraged the person to go to a bathroom or their room. The person chose not to go so the staff ensured other people left the room and they provided personal care maintaining the person's privacy and dignity.

We saw that people were encouraged to maintain their independence as they were free to move around the home as there were no electronic key pads on the doors into lounges, the lift and external doors to the garden. External doors to the garden activated an alarm on the staff pager system when opened. The staff told us they would check on the person entering the garden in case they required any help or if they wanted company while they walked in the garden. The registered manager explained that people with the ability to use the bathroom without support were encouraged to do so but they could ask for support if they needed it. We saw people using the bathroom when they wanted to with staff checking if they needed help and ensuring their privacy was maintained.

One person using the service told us that they spent all day in the lounge and they liked being at the home. They said "Staff look after us." A relative told us "The staff are very good. You would have a hard time to get a better home than this. She's quite happy here, facilities are good and you have everything you need". Another visitor said "Staff were very good with my relative who can be very stubborn. I am very glad that the staff make sure they get enough to eat. They keep me informed about how my relative is as they can change every day." We saw that staff spoke with people in a kindly manner. Staff also treated people with respect and encouraged them to make choices throughout the day in relation to their care, activities and food.

A healthcare provider we spoke with about the service commented "The staff seem genuinely caring of their patients and have a helpful attitude."

We saw that the people using the service and their relatives appreciated staff and how they provided care and support. A staff member we spoke with said "We all try and do our best but sometimes it can be difficult when busy as people have high levels of need." Despite various challenges presented by wider management issues we concluded that staff made every effort possible to provide care safely and to meet individual's support needs.

# Is the service responsive?

## Our findings

We saw that people's needs had not been assessed regularly to ensure their care and support needs could be met by the service. The manager explained that care management reviews should be carried out six weeks after placement and then every six months. The manager did not make arrangements for the care management reviews to take place. Six of the care records we looked at had no recorded reviews. Reviews for three people were last carried out in 2013 and one person only had a six week review from January 2014 but no further reviews were on file. This meant that any changes in the care and support needs of people using the service could not be monitored to ensure that the home met their assessed needs.

From the 12 care plan folders we looked at we saw that four did not have any information about the person's life, their family and experiences before moving into the home. The manager told us that information about the personal history and experiences of people using the service was usually gathered as part of the initial assessment procedure. This meant that assessments had not recorded the information staff required to help them understand their life experiences and their interests.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Assessments were carried out before a person moved into the home to identify if appropriate care and support could be provided. We saw the completed assessments reviewed the person's individual support needs including mobility, social and health issues and were used to develop the care plans and risk assessments.

We saw that care plans were in place identifying each person's care and support needs. The care plan folders for the people in each unit were kept securely. Each person's folder contained care plans relating to the person's support needs which included communication, nutrition, continence, mobility and night time support needs. We saw each care plan included sections identifying the person's support needs, how these could be met and who was providing the support. Staff reviewed care plans monthly and this was recorded on the care plan review form. These reviews were carried out separately from the local authority assessments. If the care plan had been updated staff recorded the date and what changes had been made on

the review form. We saw the care plans we looked at were up to date with clearly recorded information detailing the person's level of independence and the support they might need from staff. Staff completed records every day relating to each person's wellbeing and care. These records detailed what support and personal care had been provided and we saw the records were clearly written and up to date.

People we spoke with knew what to do if they had any concerns or complaints regarding the care provided. We saw that the service had a complaints policy and procedure in place. When a complaint or concern was received a form was completed detailing the issues raised. We looked at the complaints folder and saw that detailed information from the investigation was recorded on the form and copies of any correspondence were kept in the folder. We saw the 'resident's guide' booklet in each person's room also included information on the complaints process. In the reception area we saw a newsletter displayed on the wall which included information about what any recent complaints received had related to and what action was taken by the manager and staff.

Relatives we spoke with told us they had not received a questionnaire or had been asked for their feedback on the care provided but the manager told us and we saw that a questionnaire had been sent to relatives earlier in 2014. We saw the feedback from relatives was positive and comments included "Activities are great - involving all the residents", and "Staff are always welcoming." The manager explained they did not give people using the service a questionnaire due to the wide range of ability of people to complete the forms. Quarterly meetings were held by with the activities co-ordinator providing support to ask people using the service for feedback on the care they received and if they had any suggestions relating to activities and the menu. During our visit we saw the records of the meetings.

People we spoke with told us they enjoyed the range of activities arranged at the home and we confirmed through observation. During our inspection we saw 12 people in the activities room with the activities co-ordinator and another staff member. People were sitting in a circle and singing songs and passing beanbags in time with the music. We could see that people were enjoying the activity. We also saw the activities co-ordinator had organised a coffee morning in a ground floor lounge with music and the staff

## Is the service responsive?

and visitors were dancing with people. The co-ordinator told us that activities were held in the activity room as well as different lounges around the home to enable as many people as possible to be involved. They explained that different activities were organised to match people's

interests for example baking, visiting local shops and the pub and during trips out during the summer. There were also strong links to the local community with children from local schools visiting regularly and for events such as harvest festival.

# Is the service well-led?

## Our findings

The provider had various audits in place to monitor the quality of the care provided but some of these had not been regularly carried out and some did not provide appropriate information to identify issues with the quality of the service. The manager told us a care plan audit should be completed twice a year. This audit reviewed the content of care plans to ensure they were up to date and contained the information required to provide appropriate and safe care. We saw that this audit had not taken place during 2014 which meant that the quality of the care plans had not been reviewed.

Daily audits on the medicine administration record (MAR) charts were carried out. We saw that in each lounge there was a folder for the MAR audit forms which should be completed twice a day. The majority of forms we saw looked at in three lounges had not been completed regularly. The audit for one unit had not been completed for six days and in other units the audits had not been carried out on up to five occasions in the week before the inspection.

During our inspection we observed a range of issues and problems in relation to the quality of care provided which the provider's quality monitoring had not identified or put right. We saw an audit was carried out each quarter which provided information on the care needs of people using the service including how many people had specific health issues such as diabetes or were receiving end of life care. Other information included how many hospital admissions had occurred, pressure ulcers rates, staffing levels and the number of safeguarding referrals that had been made. The audit did not indicate what actions had been taken to resolve specific issues. The number of care staff employed was recorded however the audit did not assess the level of need for people using the service therefore it could not be demonstrated that staffing levels were appropriate to meet people's care needs. We saw that outcomes to be completed between July and September 2014 were recorded but there were no outcomes or actions identified in response to the information in the audit.

An audit of accidents and incidents was completed every six months which recorded the type of accidents and

incidents reported and what the staff did in response. The types of incident identified included if a fall had occurred, verbal or physical violence and any physical injury. The staff responses included referral to the GP or hospital, if a notification had been sent to the CQC and if staff were monitoring the person involved. There were no actions indicated as part of the audit in relation to responding to any trends identified from the evidence.

We saw a health and safety performance review was completed every six months by the manager. The review included the number of accidents, the safety training courses staff had completed and what communication had happened with staff through meetings during the six month period. We saw the completed health and safety performance review from the 1 April to 30 September 2014. The report did not identify what actions were taken to resolve any issues such as accidents and listed the training courses undertaken by staff but did not indicate how many staff completed each course.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us they felt they received informal support from the manager and senior staff however we identified that regular supervision and appraisals were not carried out in line with the providers policy. A staff member we spoke with said "The manager is good but I don't really know what she does so I can't really comment." Another staff member told us "It is a nice place to work and it is very relaxed but we could work more as a team." We observed the manager interacting with people using the service, visitors and staff in a supportive and positive manner. Staff told us they were able to raise issues or concerns with senior staff. We saw that regular team meetings were held and minutes were taken of these meetings. These meetings included discussions about any complaints that had been received, health and safety and how care can be provided safely and appropriately.

The manager told us they identified good practice by attending monthly meetings with the managers from the provider's other services. They also attended network meetings with other care providers organised by the local authority.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**The registered person had not taken proper steps to ensure that each service user received care that was appropriate and safe. Regulation 9 (1) (b) (ii)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

**The registered person did not have effective systems in place to monitor the quality of the service delivery. Regulation 10 (1) (a)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

**The registered person did not have effective systems in place to protect people from the risks of infection as appropriate standards of cleanliness and hygiene were not maintained. Regulation 12 (2) (c).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

**The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed to provide appropriate care.**

**Regulation 22**



This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training and annual appraisals.

Regulation 23 (1) (a)