Monpekson Care Limited

20 Westwood Avenue

Inspection report

20 Westwood Avenue
South Harrow
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Ratings

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

Overall summary

We undertook an unannounced inspection at 20 Westwood Avenue on the 20 October 2015.

This service is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of the inspection, three people were using the service. Two people using the service were unable to verbally communicate with us.

At our last inspection on 25 June 2014 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person however the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments.

Summary of findings

Care plans were not person centred and did not reflect people's current needs. Complete and current records had not been kept about the care and support people needed and were receiving.

Safeguarding and whistleblowing policies and procedures were in place. Staff undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

Rotas were in place and there were enough staff in the home to provide care to people safely. There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home and told us "I enjoy it here. I do love my job" and "It is good here. They are very friendly people. The manager supports me. I can ask her anything and she tells me the right thing to do."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). When speaking with care workers, they showed a limited understanding of how people's liberties could be deprived and were not aware of the differences between lawful and unlawful restraint practices. Records showed care workers had received DoLS training however the provider told us staff would undertake a further refresher training session.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service, however there was a lack of understanding by the registered manager and care workers of the Mental Capacity Act 2005 (MCA). However staff showed an understanding of issues relating to consent.

We saw people being treated with respect and dignity. Care workers had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy.

People using the service spoke positively about the home. One person using the service told us "I am happy here and don't want to move. All the staff here are nice and very friendly towards me. You can talk to them. All the staff are nice here."

Relatives also spoke positively and told us "The quality of care [person] receives is very good indeed. They know [person] very well", "Some of the care workers are very caring and [person] responds very well to them" and "[Person] is well looked after. They do a very good job. They are very patient and look after [person]."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly and yearly reviews.

Systems were in place to monitor and improve the quality of the service however some deficiencies in the service had not been identified.

We made one recommendation about the implementation of MCA and DoLS within a residential setting.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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. Risks to people were identified and managed so that people were safe and their freedom supported and protected. However, information was limited and did not address all of the areas a person could be at risk of. The management told us people's risk assessments would be reviewed.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

There were suitable arrangements in place to manage medicines safely and appropriately.

Requires improvement

Is the service effective?

Some aspects of the service were not effective. Care workers had a limited understanding of how people's liberties could be deprived and were not aware of the differences between lawful and unlawful restraint practices.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service, however there was a lack of understanding by the registered manager and care workers of the Mental Capacity Act 2005 (MCA).

People were supported to maintain good health. People received on going healthcare support and were involved in decisions about their nutrition and hydration needs.

Requires improvement

Is the service caring?

The service was caring. Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

People using the service were supported to express their views.

Good

Is the service responsive?

Some aspects of the service were not responsive. Complete and current records had not been kept about people's care and support they needed and were receiving.

People were supported to follow their interests, take part in them and maintain links with the wider community. However the quality of people's activities was not being monitored.

Requires improvement

Summary of findings

There were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Some aspects of the service were not well led. There were systems in place to monitor the quality of the service however we found some deficiencies in the service which had not been identified.

During this inspection, the management structure in place was two care workers, senior care workers, a registered manager and the provider.

Care workers spoke positively about the registered manager and the culture within the home.

Requires improvement

20 Westwood Avenue

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

The three people using the service had learning disabilities. Two people were not able to verbally communicate with us. We therefore spent time observing the experience of people and their care, and how the staff interacted and supported people during the day and meal times.

We spoke with two relatives. We also spoke with two care workers, the registered manager and the provider. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Requires improvement

Is the service safe?

Our findings

All the relatives we spoke with told us they felt people were safe living in the home. One relatives told us "Yes, [person] is safe there."

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service which helped ensure they were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Although the risk assessments were specific to people's individual needs, we noted the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. For example, all the people using the service required supervision and support with their personal care however there were no risk assessments in place that identified any potential hazards and risks to ensure this was done safely by staff. One person in particular needed close supervision when entering the kitchen especially when food was being prepared as they had limited capacity to understand the potential hazards such as touching the gas cooker and oven when it was on. We noted that the person also had a tendency to throw items of cutlery on the floor which could hurt the person however there was no risk assessment in place which covered these areas.

All the people using the service displayed behaviours that challenged the service. However there was limited information about what those behaviours were and how they were to be managed effectively and safely. For example, for one person their risk assessment read '[Person] requires two staff in relation to their challenging behaviour, de-escalation strategies and techniques to be implemented on a needs assessment basis'. There was no further information about what those challenging behaviours were and what type of techniques were to be implemented.

For one person using the service, behavioural monitoring charts were being completed however there was no summary or analysis being conducted to identify common behaviours or certain triggers that had led to the behaviour that challenged the service.

Information was unclear and difficult to follow as we found further information about people's behaviours in another document entitled 'All About Me' which sometimes included additional information not outlined in the risk assessments. For example, in the 'All About Me' document for one person, there was details about a risk they could present challenging behaviour when the post came to the home, however this was not highlighted in their risk assessment.

Information in the risk assessment was also not consistent. For example, for one person there was some information about the specific risks they faced when out in the community, however for the person who needed two people to support them when out in the community and could display behaviours that challenged, there was no risk assessment in place. One person using the service was able to go out on their own. The provider told us it was only particular routes that the person was familiar with and the person had a mobile phone. However there was no risk assessment or information in place which showed for example what would happen if the person got lost, or how they were able to know how to get back home if they were in a place that was unfamiliar to them.

When speaking to care workers, they showed some understanding of people's behaviour that challenged and told us "You have to explain things to them, talk to them to calm them and give them options. We have a tambourine that works for one person as a distraction and this also helps." However we looked at training records and noted staff had not received any training on challenging behaviour. The last training recorded for challenging behaviour for some staff was in 2013.

We spoke to the registered manager and provider. The provider told us they would review the assessments and ensure they contained more detailed information relevant to people's needs. The provider also spoke to us about guidance he had obtained from the National Institute for Health and Care Excellence (NICE) on managing challenging behaviours and proactive strategies to manage behaviours that challenged. He told us he would be looking to incorporating best practice as outlined in the guidance and provide care workers with the appropriate training. However we were unable to monitor this at the time of inspection.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being done appropriately. All the risks were not

Requires improvement

Is the service safe?

being identified for people and their specific needs which meant risks were not being managed effectively and this could risk people receiving support that was not appropriate and unsafe.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the Police and CQC. We noted the numbers for the local authority and safeguarding team were displayed on a notice board in the kitchen. One care worker told us "We have all the numbers listed there so we know what to do." Care workers were also able to explain certain characteristics a person they cared for would display which enabled them to know that something was wrong or the person was not happy. A care worker told us "You get to know them. For example for [person] I know if they go to their bed during the day and pulls the duvet over them, I know something is not right and I will tell the manager."

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Record (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and disposing of medicines appropriately from a local pharmaceutical company. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place.

Records showed there were rotas in place which were planned in advanced. We asked the care workers whether they felt there were enough staff in the home to provide care to people safely. Care workers told us "There is good teamwork here. There is always a lot of staff. The rota is done way in advance and there is always cover" and "There is a lot of flexibility. There is always enough staff and cover. The team is good and can help each other. We can always ask each other to help and share the work." During the inspection, we observed a person had the support they needed from two care workers when going out. The registered manager told us that they did not use agency staff and all the care workers were regular members of staff. This ensured a good level of consistency in the care being provided and familiarity to people using the service.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for four members of staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Requires improvement

Is the service effective?

Our findings

People were cared for by staff that felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home and told us "I enjoy it here. I do love my job" and "It is good here. They are very friendly people. The manager supports me. I can ask her anything and she tells me the right thing to do."

We looked at staff files to assess how staff were supported to fulfil their roles and responsibilities.

Training records showed that care workers had received an induction and completed training in areas that helped them when supporting people. These included safeguarding, infection control, food safety and medicines. Records showed that care workers received regular supervision. Care workers told us "All the policies, procedures are all here. [Registered manager] explains everything as we go along. I went through everything during induction. I worked with different staff, they show you and guide you. They are very supportive and good people. Even going outside with the residents, they showed me what to do and I am confident now even when I go out on my own with them" and "[Registered manager] shows you things, tells you. She physically shows things you are not sure of and then tells us to read up on it and read the policies so we know exactly what we need to do."

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service, however there was a lack of understanding by the registered manager and care workers of the Mental Capacity Act 2005 (MCA). A mental capacity assessment had been completed for each person which outlined areas where people were able to make their choices and decisions about their care. Where a person was unable to give consent, records showed the person's relatives and healthcare professionals were involved to ensure decisions were made in the person's best interest. However people's care plans contained limited information about people's mental capacity. Information in people's care plans detailed people would need support and supervision but it was sometimes unclear why a person would need support in specific areas. The care plans did not state why the person would require support and whether it was because of the person's level of mental capacity, a particular health need, safety reasons or the person's choice to want such support provided for them. We raised this with the registered manager and the provider and they told us they would review the care plans and ensure more detailed information was included about people's levels of mental capacity so it would be clear why people needed specific support as part of their daily lives.

When speaking with care workers, they were not able to explain what mental capacity was but showed an understanding of issues relating to consent. When talking about person, a care worker told us "Even though they can't respond verbally, [person] can still understand. I still ask [person] and [person] chooses." Care workers also showed awareness of involving a person's relatives and healthcare professionals in areas in which a person was unable to give consent to ensure decisions were made in the person's best interests. Records showed that staff had received training in MCA.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where the person was identified at being at risk when going out in the community, we saw that if required, they were supported by staff when they went out. The registered manager told us she was in the process of applying for DoLS authorisations for the people using the service as it was recognised that there were areas of people's care in which the person's liberties were being deprived.

Records showed care workers had received DoLs training. However when speaking with care workers, they showed a very limited understanding of how people's liberties could be deprived and were not aware of the differences between lawful and unlawful restraint practices. The provider told us he was surprised at this as staff had recently received this training. The provider told us he would ensure staff received a refresher on DoLS to make sure they fully understood what DoLS was and the implications of this on people using the service.

Requires improvement

Is the service effective?

We recommend that the service seek advice from a reputable source about the implementation of MCA and DoLS within a residential setting.

Records showed arrangements were in place to manage the finances of people using the service as they did not have the capacity to do so themselves. Relatives were involved and they confirmed this when speaking to them. One relative told us "Yes they have a log book where they record everything they have spent. I do have a look. I was also able to look at what was spent at their recent holiday in Bournemouth and all it was fine." The registered manager showed us records of people's monies and explained the care workers recorded all the transactions and kept the receipts which the registered manager would check on a weekly basis.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, psychiatrists, opticians and Speech and Language Therapists (SALT). Information showed the date and type of appointment, reason for the visit, the outcome and any medicine prescribed or change in medicine. One person using the service told us "I recently had my annual check with the GP and it was all good" and one relative told us "They are very proactive with appointments and always keep me informed."

A person using the service was diabetic and district nurses came to the home twice a day to give the person insulin. We noted there was some information about the person's diabetes in their risk assessment and on the notice board in the kitchen however there was very limited information in their care plan. The provider told us they would be reviewing the care plans to ensure they provided more detailed information on all areas of peoples care and needs. When speaking to staff, they showed a good understanding of diabetes and the management of the person's sugar levels. One care worker told us "We have a set routine and specific times when [person] eats and drinks because of their diabetes. We monitor and check that their sugar level is at the right level." Another care worker told us "We discuss [person's] sugar levels during our handovers, we read the daily notes so we know what [person] has eaten and if their sugar levels are okay."

People were supported to get involved in decisions about their nutrition and hydration needs. The registered manager told us there was not a set menu in place as they knew what people liked and if they wanted to eat something else, it would always be accommodated for them. In the kitchen we saw there was a blank weekly menu sheet which staff were recording what people had eaten during each day. One person using the service told us "The food is nice. We have cooked meals and sometimes we have takeaways."

Care plans contained very limited information about what people liked and didn't like to eat however they did contain information when a person needed specific support to avoid choking and we observed this was being followed during the inspection. The registered manager told us people had a very good appetite and ate most foods. She told us one person could not have beef because of their religion. During the day, we observed people were offered snacks and were able to come to the kitchen freely to get food or a drink. During the evening meal, people were not rushed to finish and ate when they wanted to. People appeared to enjoy the food as they ate everything on their plates without any discomfort or signs that they did not want or disliked the food.

The registered manager told us that people using the service ate well and had good appetites but will ensure people's likes and dislikes are clearly reflected in their care plans.

Good

Is the service caring?

Our findings

One person using the service spoke positively about the service and told us "I am happy here and don't want to move. All the staff here are nice and very friendly towards me. You can talk to them. All the staff are nice here."

Relatives also spoke positively and told us "The quality of care [person] receives is very good indeed. They know [person] very well", "Some of the care workers are very caring and [person] responds very well to them" and "[Person] is well looked after. They do a very good job. They are very patient and look after [person]."

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. We observed that people were relaxed and at ease. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated well with people in a way that was understood by them. We observed care workers were patient and waited for people to respond and treated people with a kind manner.

When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. When speaking about one person and providing their personal care, one care worker told us "You talk to them and explain what you are going to do. You prompt them and say things like can you wash your chest for me or can you help me to wash your hair" and "I would say to [person], your clothes are on the bed as [person] can dress themselves. I make sure we close any doors behind us. "

During the inspection, we observed care workers provided prompt assistance but also encouraged people to do things independently. One care worker told us "You prompt them to wash, explain to them what needs doing and let them do it. If a person is capable of doing something, we have to encourage them to do it."

Two people using the service were unable to communicate verbally and we noted their care plans contained very little information about how people communicated. The registered manager told us she would add this information to their care plans. However when speaking with care workers, they were able to tell us how people were able to express themselves for example care workers told us "[Person] point and taps the cupboard when they want something to eat and when we are outside [person] shakes their hand so I know they need to go to the toilet. [Person] gets their jacket and we know [person] wants to go out" and "When [person] is hungry, they tap their mouth and comes to the kitchen."

Meetings took place between the person using the service, their keyworker, registered manager and family members where aspects of people's care were discussed and any changes actioned if required. When speaking with relatives, they confirmed this. One relative told us "We have just recently had a review meeting and it is always a two way process."

Requires improvement

Is the service responsive?

Our findings

When speaking with the registered manager and care workers they were aware of people's specific needs however plans of people using the service did not reflect people's current needs and preferences. People's plans consisted of a 'All About Me' document which was very detailed and provided information about the person and their life story. The plans also contained a 'Person centred care plan' and risk assessments.

The 'person centred care plans' were not person centred as the information was very limited. For example in one person' care plan it stated "Encourage [person] with activities, "Personal care" and "Monitor fluid intake" but there was no detail to explain how this should be done. There was limited information about what people liked and didn't like to eat and drink. People's risk assessments were not detailed and some areas of potential risks to people had not been identified and included in the assessments.

During the inspection, we observed people were supported to be independent and were able to do certain tasks themselves, however we noted this was not reflected in people's plans. For example, one person was able to get themselves a glass of water from the kitchen with the support from staff if needed, however this was not detailed in their plan. One person using the service told us "I hoover and sweep to the best of my ability" but this was also not reflected in their care plan. There was limited information on how people were supported and encouraged to develop their daily and independent living skills and it was not clear what people were able to do themselves, where they needed support and why and what type of support they required.

Care plans were difficult to follow and information was duplicated at times. For example in the 'person centred care plan' of another person using the service, it stated "Observe and monitor behaviour" and "Record displayed behaviour" and there was no further information to explain what types of behaviours this was referring to. When we looked at the 'All about me' document, this contained some additional information about the behaviours of the person which might challenge the service which was not mentioned in the 'person centred care plan'.

We spoke to the registered manager and discussed the need for care plans to clearly reflect how and why people would like to receive their support. The registered manager told us she would review the care plans and ensure the information was more detailed and clearer.

Care plans were not person centred and did not reflect their current needs which put people at risk of receiving inconsistent care and not receiving the care and support they need. Complete and contemporaneous records had not been kept about people's care and support they needed.

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

People were supported to follow their interests, take part in them and maintain links with the wider community. One person using the service volunteers and supports a local charity group. The person spoke to us enthusiastically about the range of activities they were involved with the charity group, they told us "We have afternoon tea clubs, coffee mornings and I collect money as well."

People participated in community activities such as going out for a walk, going to the park, lunch and shopping. One care worker told us "We went to the park today and we just give [person] their space and they are happy. [Person] should be able to everything that we do." Records also showed people were involved in activities such as karaoke, keep fit sessions and arts and crafts. People using the service had also recently attended a holiday to Bournemouth. One person using the service spoke of this holiday and told us "I went to Bournemouth with [care worker] and I had a good time."

There were activity planners in place for each person using the service, however they were similar and contained phrases such as 'Assist with chores', 'Out in the community' and 'physical activity' were used without any further information as to what the person would be engage with. Although we observed people went out and engaged with some activities, there was a lack of monitoring of what people were been engaged with and whether it was meaningful and mentally stimulating for each person. We discussed this with the registered manager and the provider and they told us they had supported people with trying many different activities including a day centre. When speaking with one relative they confirmed this and told us "They do care and they do try and think of things

Requires improvement

Is the service responsive?

[person] can do. They have taken [person] to the theatre but sometimes [person] has not wanted to engage. They do keep trying and are open to suggestions. If they could come up with something they person enjoyed and could do, that would be wonderful."

There were two people using the service who were not comfortable at a day centre and any activities that involved people being around them. We discussed with the registered manager and the provider the need for people to still be engaged with activities outside the home that are meaningful and mentally stimulating for people to develop new skills and social relationships. There may be a risk of isolation if people were dependent only on activities within the home. The provider told us they would review the activity planners and ensure people's activities were being monitored effectively The provider also told us he would look into other external activities they could try to introduce to people using the service.

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. One person using the service told us "I see my family once a week. I have my own mobile phone and speak to my mum everyday" and "[Provider] knows my family very well too." When speaking with relatives, they confirmed this, relatives told us "Every Sunday [person] comes to see me. [Person] is well looked after" and "They have an open door policy and I can go to the home anytime I want and I do."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly reviews of people's care plans and care provided. Care plans were updated accordingly when people's needs changed.

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There had been no complaints received about the service.

Requires improvement

Is the service well-led?

Our findings

Relatives spoke positively about the service and told us "They look after [person]. I am very grateful to them" and "They are open and I do not hesitate to call them if I need to say something" and "They always keep in touch and phone me."

Records showed there were some systems in place to monitor and improve the quality of the service. Records showed that questionnaires had been sent out to relatives and positive feedback had been received about the service. We saw evidence which showed checks of the service were being carried out by the registered manager. Checks covered some aspects of the home and care being provided such as premises, health and safety, medicines, care plans, risk assessments, finances, staff records and training.

However, the checks did not identify that people's care plans were not person centred and did not reflect their current needs/preferences. Complete and contemporaneous records had not been kept about people's care and support they needed and were receiving. Risks were not being identified for people and their specific needs which meant risks were not being managed effectively. The checks also did not identify that sufficient action had not been taken with regards to people's challenging behaviour including the appropriate training for staff in these areas, and the quality of activities people were engaged with was not being monitored effectively. The registered manager told us she would ensure the care plans and risk assessments are reviewed and updated to accurately reflect people's needs and the appropriate action would be taken with regards to the issues raised during this inspection.

This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

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

During this inspection, the management structure in place was care workers, senior care workers, a registered manager and the provider. Care workers spoke positively about the registered manager and told us "Registered manager] is good. Doesn't slack in any way and always tells us that we need to meet their needs and look after them properly. She is on the ball" and "I really like her, she tells you how to do things and I can speak up. "

Care workers spoke positively about the open and transparent culture within the home and the provider. They told us "If you have an issue, it has always been addressed by the manager. I have never had to go beyond [registered manager] but I know I can talk to [provider] anytime", "They make you feel you are on the same level. You don't feel uncomfortable and belittled in any way" and "[Provider] always calls to see if things are okay."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. One care worker told us "The staff meetings are quite good. If we don't know something, we can discuss it openly."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The assessment of risks to the health and safety of people using the service was not being done appropriately. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider failed to maintain an accurate, complete and contemporaneous record in respect of the care and treatment provided to people using the service. Regulation 17 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17 (2) (a)