

Mrs Bernadette Tisdall

Elmhurst Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

The inspection took place on the 14 December 2015 it was an unannounced inspection. The previous inspection took place on the 28 June 2013 when the service met the standards inspected.

The service is a residential home that offers care without nursing to a maximum of 30 older people living with dementia. At the time of our inspection there were 26 people living in the service.

There was 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 2008 and associated Regulations about how the service is run.

The deputy manager was responsible for the day to day running of the home supported by two assistant managers. We found the service staff numbers could meet people's needs but not all staff files examined contained all the recruitment checks.

Summary of findings

We found the staff to be caring and knowledgeable about the people living in the service. Staff members demonstrated they understood people's dignity and privacy support needs.

We found robust systems in place for the administration of medicines.

Staff referred people in a timely manner for support from health care professionals and we found good partnership working. However people's files showed some health check recordings were inconsistent. We found staff had received training in most relevant areas. Staff received supervision but this was only twice a year and we thought this could be increased to be more effective. We found some individual and group activities for people took place, but these were limited and people who remained in their bed rooms did not have individualised activity plans to engage them.

Staff asked people about how they wished to be cared for and staff demonstrated a good knowledge of people's support needs. The service gave people a choice of meals and was supporting people to eat healthily and remain hydrated.

We found that the environment had not been risk assessed to take into account all hazards in the premises and grounds. Equipment was not stored appropriately in a safe manner. We found people had individual risk assessments but we found gaps in reviewing these risk assessments

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We made a recommendation regarding the frequency and content of supervision for staff.

You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

- The provider did not have systems in place to ensure the environment was safe.
- The staff did not review people's risk assessments on a regular basis.
- The provider assessed the level of staffing required to meet the needs of the service but did not demonstrate they had taken the appropriate checks to ensure the safe recruitment of staff.
- Staff administered and stored people's medicines in an appropriate manner.
- People were protected from the risk of acquiring an infection because staff followed infection procedures.

Inadequate



Is the service effective?

The service was not always effective

- Staff members did not record health checks in a timely and accurate manner.
- The service did not consistently record people's end of life wishes.
- Staff referred people to the appropriate health services.
- The service ensured Mental Capacity Assessments and Deprivation of Liberty Safeguards were implemented appropriately.
- Staff ensured people received sufficient food and hydration.

Requires improvement



Is the service caring?

The service was caring

- Staff were kind and professional in their approach to people
- Staff were knowledgeable about what people liked to meet their needs.
- Staff treated people with dignity and respect and maintained their privacy. The service kept information in a confidential manner.

Good



Is the service responsive?

The service was not always responsive

- People did not receive variety of individual activities.
- People's care plans did not contain all the relevant information needed to support them appropriately and language used in people's files was not always relevant or informative.
- People knew how to complain and felt able to approach staff.

Requires improvement



Is the service well-led?

The service was not always well-led

Requires improvement



Summary of findings

- There was not robust auditing of records in place for the management of the service.
- There was a registered manager in post and a deputy manager who understood their role and responsibilities in the day to day running of the service.
- The provider quality assured the service, including the views of people using the service and analysed the findings to plan improvements.

Elmhurst Residential 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 14 December 2015 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the notifications we had received. This included information sent to us by the provider such as notifications and safeguarding information.

During the inspection we spoke with people using the service and a family member. We also talked with two family members following the visit. We interviewed four staff and spoke with the deputy manager. We observed care in communal areas across the home, including medicine administration, mealtimes and some scheduled activities. We reviewed five people's care plans and documents. We reviewed seven people's medicine administration records (MAR) and three people's controlled medicines. We reviewed recruiting procedures for four staff members.

Is the service safe?

Our findings

Two people told us they felt safe at Elmhurst Residential Home. One said: “I feel safe here. If I lived on my own I would be frightened.” Another person told us “The friendliness of the staff makes me feel safe.” Another person said “I don’t feel 100 per cent safe because I can’t move.” This person also said “Sometimes they [staff] come quickly and sometimes they don’t. It’s very variable.” Other people spoken with said “They [staff] always come quickly when I call for them.”

Staff told us how they would report a safeguarding concern. Staff explained to us what abuse was and how they would recognise signs of abuse. Staff told us they would whistle-blow and go to the authorities if abuse went unreported. We saw that staff had received training to protect adults from abuse and there were safeguarding guidelines for staff to follow. There had been no safeguarding referrals reported since the last inspection however the deputy manager explained there had been no incidents to refer. The deputy manager gave good examples of varying types of abuse that she would refer and could say who she would refer to. This demonstrated staff were able to respond appropriately should they suspect abuse was occurring.

Some areas of the environment were risk assessed and fire alarm checks had taken place on a regular basis. There were monthly fire drills and twice yearly evacuations. Fire prevention equipment was available on all floors and had a yearly service. One fire extinguisher was under a large plant and not clearly visible. The deputy manager said they would relocate the fire extinguisher. Electrical appliances had service certificates for the year of inspection. There was a maintenance person who undertook twice weekly checks of the premises and liaised with staff. The service prioritised repairs required according to risk and logged when the work was completed. The deputy manager informed us that inspection of the gas appliance occurred every five years. However Health and Safety Executive (HSE) safety standards states services of gas appliances should be inspected yearly.

However, we found a number of maintenance issues relating to the environment. For example, the mechanism to open a window in a person’s bedroom was broken and the fixtures in a bathroom on the ground floor were rusted and loose. Although window restrictors were in place in the

bedrooms located above the ground floor, we saw no window restrictor in place in a communal bathroom on the first floor. This put people at risk of falling out of the window. We brought this to the deputy manager’s attention, the issue was immediately rectified, and a restrictor fitted. There was damp that had caused damage to the ceiling area. It was explained this was recent damage caused by the heavy rain and had been identified for repair. We saw some exposed wiring. The deputy manager confirmed the schedule for repair. There was a large amount of stored items in an open fronted but roof covered area adjacent to the service. The items stored included old mattresses, broken furniture and equipment that had clearly been there for a long time. The storage area behind the building was at the rear of the building and in close proximity to the freezers and could be a hazard should a fire occur. An unused vehicle with flat tyres was in the same area, this also contained old equipment. This was a fire hazard to both staff and people using the service. Therefore the provider was not storing equipment appropriately and keeping the environment safe for people using the service.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The environment was not adequately risk assessed. On the day of our inspection the balcony area doors were unlocked and we found the gate at the top of the fire stairs exit was open. It was possible that a person using the service could fall down the stairs if they went outside unnoticed. There was a brook or small stream at the end of the garden without a fence in place. This was not risk assessed as to if it presented a hazard to people using the service. We discussed this with the deputy manager who said they would consider the risks identified during the visit. People had individual risk assessments. Each person had appropriate risk assessments in place to help keep them safe in their bedroom and when receiving support from staff around the home. Risk assessments included the use of bed rails, falls, moving and handling and nutrition risk. The risk assessments were due to be updated monthly but in four people’s records they had not been up-dated in the previous two months.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Is the service safe?

On the day of inspection there were staff members on duty as the staffing rota stated. We saw from the rota that the staffing levels were able to meet the needs of the people currently living at the home. One person told us “They could do with more staff. They work very hard, the staff are always rushed.” A relative told us there “Are enough staff, always a few around.” All staff spoken with said there was enough staff to meet the needs of the people living at the home. We found there was also staff that supported the running of the service including a maintenance man, a domestic cleaner and laundry staff. Although one person thought staff were rushed other people and relatives we spoke to thought that current staffing levels were adequate to meet the needs of the people using the service.

We looked at four staff files and found omissions in the recruitment process. Two Disclosure and Barring Service (DBS) records named other providers as requesting the DBS check not Elmhurst Residential Home. In one staff members file there were no copies of the references requested.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff who handled and administered medicines had received training to enable them to administer medicines safely. Staff explained to us they administer medicine in pairs, as such two people checked each time medicine is administered this avoided errors. We checked Medicine Administration Records (MAR) and the corresponding medicines we found no errors. Controlled drugs were stored and logged appropriately. All medicine inspected, including eye drops were stored and labelled

appropriately. We found satisfactory documentation and appropriate storing of medicine. The deputy manager audited the administration of medicines on a regular basis to ensure errors had not taken place and had arranged with the pharmacist to also audit the service medicine administration procedures. This demonstrated to us that there were systems in place to ensure the safe administration of medicine.

Relatives told us “The home is really clean and smells nice.” The service was clean and free from unpleasant odour. The cleaning staff member was able to tell us in detail how infection control is managed. We saw that mops were colour coded but at the time of the inspection both mops had been put into the same bucket. The cleaning staff explained this was an error that a staff member had just made. The deputy manager said they would address this with staff. As the cleaning staff member was very knowledgeable about infection control we were reassured this was an error not a regular practice. The bins were colour coded and rubbish disposed of hygienically. Care staff members had received infection control training. There was adequate access to hand wash facilities and hand wash reminders in the staff room area. Staff members used and had access to protective clothing such as gloves and aprons so they could support people safely with their personal care needs. Some bedrooms had damaged chairs with spilt or torn material that might risk the spread of infection we raised this with the deputy manager who agreed to address the issue.

Food was stored appropriately both in the multiple fridges and freezers. The service monitored and recorded temperatures appropriately.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was assessing people's capacity in matters such as end of life wishes and bed rails. We noted however that consent for covert medicine in one person's file was last reviewed in 2012. The review of consent should occur on a regular basis. We brought this to the deputy manager's attention who agreed to address the oversight. The deputy manager told us how the service would proceed if someone was assessed as not having the mental capacity to make a decision. Explaining if a person did not have the capacity to consent a mental capacity assessment would be undertaken and a best interest decision made with the appropriate party such as a family member or appropriate authority present.

The deputy manager demonstrated she had submitted Deprivation of Liberty Safeguards (DoLS) applications to the supervisory body and explained why. The deputy manager had identified one person with changing needs and requested the social worker to undertake a MCA assessment with regard to their care and treatment. She advised she might make another DoLS application depending on the outcome of the assessment. The deputy manager explained the reasons for the assessment. We saw some staff had received MCA training. There was a MCA and DoLS policy and also a managing challenging behaviour policy. Staff members interviewed were able to give a good account of the MCA and had a basic understanding of DoLS. We saw that the service was considering the MCA and DoLS process appropriately whilst supporting people living in the service.

Staff demonstrated they were knowledgeable about the physical and mental health of the people using the service. Staff completed an assessed induction on arrival at the service. Staff had also received training in areas such as lifting and handling, MCA, death and dying. Some staff members had received challenging behaviour and dementia training. The home worked towards the Gold Standards and used a training scheme where they used work books to discuss different areas of care this prompted ongoing discussion and learning amongst the staff group. Staff also attended training with the local authority. However we identified gaps in training, this included person centred care planning and record keeping, we found that the deputy manager had already identified these topics as areas that required addressing and had planned training.

Staff told us that they received supervision once every six months and they had an annual appraisal. There were group staff meetings every two months. Staff supervision consisted of an observation of staff practice in areas such as lifting and handling. Supervision did not address staff performance issues, identify training needs and development or give the staff member one to one time to discuss concerns. Staff expressed they felt they were well supported because they worked closely as a team and had opportunities to discuss their training needs and issues outside of the supervision framework. We thought that the staff supervision was not detailed and not regular enough to be fully effective and discussed the process of supervision could be revised.

We found that staff had often been proactive and timely in obtaining the specialist input of healthcare professionals, including GPs, occupational therapists, community psychiatric liaisons and social workers. However some health checks were inconsistent. Each person had a monthly record of their waterlow score. The waterlow score assesses and prevents the risk of pressure ulcers. One person had a waterlow score in October 2015 that indicated a very high risk of pressure ulcers but there was not a documented follow-up waterlow score or guidance about how the person should continue to be cared for following the revised score. For another person assessed with regard to the risk of falls and pain had not had a recorded There were some inconsistencies in the assessments that staff had completed in care plans. For example one person's care plan had documents completed by care staff that indicated they were fully mobile but

Is the service effective?

elsewhere had noted that the person was unsteady and unsafe to mobilise by themselves. The omissions in recording meant we could not be confident that people's health needs were fully met and that people received safe care and treatment appropriate to their needs.

A clear protocol was in place to ensure staff adhered to the wishes of the person and their family, including the need for two separate medical assessments before a hospital admission took place. Staff had used the gold standards framework for advance care planning tool to document when a person had been able to discuss their end of life care wishes. However in the care plans we inspected these records were not completed consistently, such as one person's record that was in place but unsigned. The person had no formal do not attempt resuscitate (DNAR) form in place but had an internal "allow a natural death" form that signed by their GP. Although the framework clearly displayed in the home and in some care plan documentation indicated that staff were able to provide people with appropriate, compassionate end of life care, inconsistent record keeping meant that this may be difficult to identify in practice.

This is a breach of Regulation 17 HSCA (RA) Regulations 2014.

The service was supporting people to eat and drink well. One person said: "The food is good. Some people don't like

it but that is not because it is bad." Another said: "The food is wonderful and if you don't want it, they make something else." A relative told us that "When their relative went into hospital staff members visited each day to ensure they were fed and cared for." Relatives also told us "Staff are very careful to offer feeding support and to make sure they [people] are hydrated". Staff told us they showed people images of meals to help them choose a meal. There were two choices of main meal one of which was fish or vegetarian on the day of our visit. However the cook also provided an alternative such as an omelette or soup. We observed some people came to the dining area to eat their meal. People choosing not to go to the dining area had staff support to eat in their rooms or in their lounge chairs. The portions looked plentiful. Staff gave help and encouragement people to eat. People were offered refreshments regularly during the day and were able to ask for more drinks or snacks at any time. This included fresh fruit and sweet snacks, which staff monitored in relation to any specific dietary needs. Staff served drinks throughout the day, in the morning with fresh scones a tradition of the service. This was to ensure people that woke early had their breakfast and a snack before their lunch.

We recommend that the provider seeks out best practice for frequency and format of staff supervisions

Is the service caring?

Our findings

People said “I was upset when I first thought I was coming here but everything is fine. Everyone is helpful and lovely and I have no worries at all. I am very happy” and “There are some carers who are wonderful. They cheer you up and talk to you. Mostly, they are as they should be.” However one person said “Not all of them [Staff] are kind”. Relatives told us “Staff are fantastic”, “Very good” and “Terrific”.

During the observations we carried out as part of our inspection, we saw that staff were gentle, personal and warm. Staff demonstrated a good understanding of each person’s ability to communicate and understand. Staff tailored their communication to suit people’s needs. Staff were also willing to spend one to one time with people and encouraged people to socialise where possible. For example, we saw that staff addressed people by their first name, knew the favourite newspaper of each person and staff knew people who preferred staff company while they read it. We saw that if a person wanted some company to drink a cup of tea they received this because staff were aware of each person’s mood and what would contribute to making people happy. The member of staff sat close to the person so that they could be understood by people who had some hearing loss and also so that the conversation was private. The staff member demonstrated an excellent rapport and level of empathy and patience with people.

We found that staff demonstrated an awareness of the needs of people and knew how to make people feel comfortable. This included gently adjusting someone’s footstool to help a person into a better sitting position. We saw that staff explained what they were doing and why so the person would not become alarmed. In another instance a staff member immediately reassured a person who had become anxious and unsettled. The member of staff held their hand and sat with them patiently until they felt better. A staff member supported another person to relax by offering a gentle hand massage. One person wanted to discuss the day’s news with a member of staff, who noticed this immediately and sat with them for some time to read and discuss the articles the person wanted to talk about.

During the day people were able to express how they wanted to be supported staff. We saw that staff acted on their wishes. For example, staff understood when people were tired and wanted to go to their bedroom or when they wanted to have a walk. A relative told us they felt “Staff were excellent” at listening to their family member and that the care provided was very specific to them. Staff kept a file of photographs from previous meetings with people and their relatives to demonstrate how they involved others in care planning and delivery.

Staff demonstrated a good level of awareness of ensuring people maintained their dignity. This included asking for permission before assisting people with anything such as mobilising or support to take part in an activity. For example, a member of staff noticed that one person had spilled breadcrumbs on their jumper and asked them politely if they would like some help in brushing them off. We saw that the person was pleased to have support to maintain their dignity through their appearance. Staff supported people to maintain their dignity through appropriate personal care. This included a record of the frequency of baths or showers. Also how often the person liked to have their hair cut. Each person also had a night sleep assessment that was personalised to their wishes during the night. For example, staff had noted that warm milk could help a person to get back to sleep if they were unsettled.

Some people’s bedrooms were shared rooms we saw staff managed people’s dignity and privacy with the use of screens. Staff respected people’s privacy we saw staff asked if people wanted their bedroom door kept open or closed. The service kept people’s records securely and staff members understood the need for confidentiality.

We saw that staff had worked with people, their relatives and appropriate healthcare professionals to complete a ‘remain in the care home plan’. Staff used this document to provide the support and guidance they needed to manage the person’s symptoms in the care home and avoid a hospital admission.

Is the service responsive?

Our findings

One person said: “It suits me doing nothing but I think there is quite a lot going on here. I went out to the church round the corner.” Another person said “We have lots of fun here. They ask if we want to dance. Sometimes we have an organ or a band. In the summer they take me for a walk or out in the wheelchair. I love that. In bad weather, they make you walk around the floor but there is not a lot of room for so many people”. One person told us the lack of activity was frustrating. A relative said they would like their relative to be involved in more activities. The activity for the day of our visit was newspaper reading. A few newspapers were distributed, but there was little group discussion although staff did go and support some people in a positive manner. We noted staff members performed some exercises for five to ten minutes to a musical accompaniment and some people joined in enthusiastically from their chairs. After lunch staff gave some people colouring books and crayons. Staff gave others people a hand massage.

Some people choose to remain in their bedrooms and staff made sure that they offered each person a hot scone, hot drink and newspaper in the privacy of their own room. People who were sitting in the communal area had staff attention and were encouraged to join in activities however people who remained in their room did not have an individualised activity programme and as such only saw staff for practical reasons and not for company or an activity.

The list of activities located in the communal area was dated 2014 and included hairdressing, beautician, family visits and religious services. Three activities listed amongst the other activities are services rather than activities and family visits occurred as part of people’s contact with their family. A reminiscence expert visited once a week, staff told us people enjoyed this. We saw photos of previous events held by the service demonstrating barbeques in the summer. Although we visited two weeks before Christmas there was no Christmas decorations displayed or any indication that Christmas was near. The service had purchased a large Christmas tree but it remained wrapped in the garden. There was no activities co-ordinator and no member of staff with specialist training in activity management. We found that there was not a variety of meaningful individualised activities for people.

Some people described the service as homely. Most people sat in a semi-circle in the lounge area all day, some walked the short distance to the dining area for lunch. People appeared content, often smiling or sleeping but there was little or no movement from this area during the day giving an impression that people were passive and not active within the service. The appearance of the home is not dementia-friendly. There was no sign posting of different areas and facilities by colour and no pictures on bedroom doors to help residents find their own room. The layout of the home would make it difficult for people with cognitive impairment to find their way around unaccompanied. The service did not present information in a way that made it accessible for people with a cognitive impairment to read or understand. For example there were two menu boards for the week on the wall one did not reflect the day’s meal. The other, in very small print, did show that day’s menu but was not clear or in an engaging format.

Most, but not all of the bedrooms were personalised with photos and pictures. Some people had been encouraged to bring their own furniture. Some bedrooms had stored items in them such as a number of wheel chairs or hoists. Bed mattresses had protective plastic covers that were old, wrinkled, and covered only by a sheet this would not have been very comfortable for people to lie on. However it was clarified the bed linen is ‘turned down’ each evening and a kylie bedsheet is placed on top of the sheets for each residents bed ensuring their comfort.

Each person had a pre-admission assessment, whether they had moved into the home permanently or on a respite basis. Although we saw that staff had sometimes completed the documents with detailed information of need, they did not always include personalised information that reflected the wishes and personality of the person. For example a care plan indicated that a person was recovering from an alcohol addiction. In such cases, there was no personal information that would help staff to understand the individual’s personality or appropriate techniques to support them using a person-centred approach. The information contained in one person’s initial assessment was not conducive to providing individualised, compassionate care. For instance, in the section of needs assessment relating to spiritual, emotional and psychological needs, a member of staff had written that the person was, “abrupt to communicate” and “stubborn.” This was not an appropriate use of language in recording. The documentary evidence indicated that this was an opinion

Is the service responsive?

of the writer but it was not clear how the staff member had arrived at such conclusions. We noted that staff had not yet received training in recording and therefore did not have the necessary competence to analyse and record information appropriately.

This is a breach of 17 HSCA (RA) Regulations 2014: Good Governance

Some people said they would complain if they needed to, others said that they would speak to their relative to say something to management. One person said had not ever complained officially as they were concerned they would get “a bad name”. Relatives spoken with all said they would complain if necessary but had not felt the need to complain about anything. There was a complaints policy and the deputy manager explained she reminded and encouraged people to speak up and be open about their concerns. From looking at the agendas and minutes of

previous meetings with people and relatives, we found that managers valued people’s involvement and used feedback actively to improve the service. For example, a November 2015 meeting with family members representing five people included a discussion on how to use the complaints procedure and how to communicate with senior staff if they had any concerns. Documented family feedback included, “Love the home”, “Staff are always smiling and accommodating” and “The senior staff are approachable.” The deputy manager encouraged the staff members to follow complaints policy and procedure to record concerns accurately. The management held regular relatives and residents meetings to address concerns. The deputy manager told us she visited people individually in their rooms and they have an opportunity to express any complaints in private to her. The service had systems in place to support people to complain.

Is the service well-led?

Our findings

There was a registered manager who managed the business and financial affairs of the service. The deputy manager ran the service on a day to day basis and had a very good knowledge of the service, staff and people. Two assistant managers and the care staff members supported the deputy manager. Staff described the service as “Like a family” and “Staff and people are happy.” Staff described procedures as fair but strict saying “You have to know everything and be there on time for the twice daily handover”. All staff spoken to said the deputy manager was fair and approachable. Staff said management listened if they made suggestions and that communication was good.

A member of staff who had been at Elmhurst Residential Home for six months said the home was well organised and run, with sufficient staff and there were plentiful training opportunities. A relative told us “There is always somebody available to speak to. If we have any questions we ask and we get an answer quickly. There has never been an occasion when we have not been able to find out information. We get an opportunity to discuss any issues when we come to visit.”

We saw there were robust systems for the hand- over of information. Both day and night shift staff members attended the twice daily handover meeting. Staff recorded information appropriately and entered appointments into a diary to avoid oversights. To ensure they were aware of any issues the deputy manager and assistant managers also attended the hand-over meetings.

The management worked in partnership with other agencies such as the health care practitioners.

A local healthcare practitioner had written to the home manager to commend her on the care staff they considered to be, “excellent, obliging, intelligent and hard-working.” The deputy manager was actively working in partnership with the pharmacist to ensure medicine administration was safe.

The deputy manager was also working with the local authority quality team to ensure the service provided to people was of a high standard. The deputy manager explained that she actively sought feedback from people’s relatives both informally and through relatives meetings and by speaking to professionals to improve the quality of the service.

In addition there was a yearly survey sent to users of the service and their families. The deputy manager audited the survey results and addressed concerns. However there was not a report published we discussed with the deputy manager that this would be a more transparent process.

The management team undertook audits. It was apparent audits had not identified gaps in the lack of reviewing some people’s risk assessments, covert medicine and care plans. Also omissions in the recruitment process in some staff files demonstrated audits were not effective. We found the service not always well led as auditing had failed to capture service deficiencies.

**This is a breach of 17 HSCA (RA) Regulations 2014:
Good Governance**

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 15 HSCA (RA) Regulations 2014 Premises and equipment 15 (1)(d)(e) The registered person must ensure that equipment was stored safely and securely and that the grounds were appropriately risk assessed to ensure the safety of the people living in the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12(1)(2)(a)(b) The registered manager had not risk assessed the environment appropriately for the safety of people living in the service. Regular review of individual risk assessments is required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 19 (2)(a)(b) Robust recruitment checks must take place for each staff member.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1)(2)(a)(b)(c)

This section is primarily information for the provider

Action we have told the provider to take

The registered manager must undertake effective audits of the service and maintain accurate records for people living in the service.