142 Petts Hill Care Home

142 Petts Hill Care Home

Inspection report

142 Petts Hill
Northolt
Middlesex
UB5 4NW

Tel: 02084229910

Date of inspection visit:
29 August 2017
30 August 2017

Date of publication:
09 October 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 29 and 30 August 2017. The last comprehensive inspection of the service took place on 22 February 2016, when we rated the service as Good but identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines. We inspected the service on 5 July 2017 to check if the provider had made the necessary improvements and found a repeated breach of Regulation 12, Safe care and treatment in relation to medicines management. As a result, we issued the provider with a warning notice telling them they must make the required improvements by 15 August 2017.

At the inspection of 29 and 30 August 2017, we checked if the provider had made the necessary improvements with regards to the management of medicines. We found the provider had not met the requirements of the warning notice and in addition was breaching other aspects of the regulation in regards to safe care and treatment.

142 Petts Hill Care Home is a care home without nursing that provides accommodation, support and care for up to three people who have mental health needs. At the time of our inspection three people were living in the home, two of whom had been living there for over 25 years.

The home was owned by a group of family members. There was a registered manager in post at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines management remained unsafe. The registered manager had not put systems in place to monitor the management of medicines therefore had not identified recording errors and discrepancies in stock. This resulted in people being at risk of not having their medicines properly administered.

The provider had not undertaken recent health and safety audits. Some areas of the home were cluttered and there were trip hazards in communal areas. Some cleaning products and chemicals had not been locked away safely and were found in a toilet.

Risks assessments were carried out but these were general and did not always reflect the specific risks for each individual. Risks had not always been reviewed when people's needs changed.

The care plans contained assessments of people's needs and information on how care was to be provided. However, these were not always reviewed and updated and did not always contain up to date information. Visits by health care professionals were recorded.

The provider did not have robust systems in place to monitor the quality of the service and had not

identified shortfalls in relation to the management of medicines, health and safety and care planning.

The staff team supported each other. Formal staff supervision was taking place but nobody had received an annual appraisal in recent years.

People's capacity to make decisions about their care and treatment had been assessed. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

Staff had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service.

The provider had processes in place for the recording and investigation of incidents and accidents.

All staff working at the service had a Disclosure and Barring Service (DBS) check carried out.

There were enough staff on duty to meet people's needs in a timely manner, and bank staff were available to provide cover in the event of staff shortage.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care and support. Relatives and external professionals we spoke with confirmed this.

There was a complaints procedure in place and people told us they knew who to complain to if they had a problem. Relatives were sent quality questionnaires to gain their feedback on the quality of the care provided.

We found the provider was breaching the regulations relating to safe care and treatment, person centred care and good governance. In regards to the breach of regulation for person centred care, you can see what action we told the provider to take at the back of the full version of this report. We are taking further action against the provider for breaches of regulations in relation to good governance and safe care and treatment. Full information about CQC's regulatory response to these concerns will be added to the report after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Medicines administration records were not completed correctly and there were discrepancies in medicines stocks. The provider did not have systems in place to monitor the management of medicines. This resulted in people being at risk of not having all their medicines administered.

Risks assessments were carried out but these were general and did not always reflect specific risks for each individual. Risks were not always reviewed when people's needs changed.

The provider did not have up to date health and safety audits. Some areas of the home were cluttered and there were trip hazards in communal areas. Some cleaning products and chemicals had not been locked away and were found in a toilet, which could be accessed by people.

The provider had processes in place for the recording and investigation of incidents and accidents.

There were enough staff on duty to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received safeguarding adults training and demonstrated a good knowledge of this area of their work.

Is the service effective?

Good

The service was effective.

Staff received the necessary training to deliver care to people effectively. Staff supported each other and received supervision, however they did not receive an annual appraisal.

Where people lacked the capacity to make decisions, the staff had followed the requirements of the MCA and DoLS.

People were protected from the risks of inadequate nutrition and dehydration. People were offered a choice of food and drink for

every meal and throughout the day.

The staff worked with other healthcare professionals to assess and meet healthcare needs.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. People said that they felt well cared for and had good and caring relationships with all the staff.

Care plans contained people's likes and dislikes and identified the activities they enjoyed, people who were important to them and their cultural needs. People were supported by caring staff who respected their dignity.

People were able to make choices and told us the staff respected these.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans contained assessments of people's needs and information on how care was to be provided. However, these were not always reviewed and updated and did not always contain up to date information.

Relatives were sent quality questionnaires to ask their views in relation to the quality of the care provided. People were encouraged and supported to develop and maintain relationships with people that mattered to them.

People told us they knew how to make a complaint. Staff told us people's concerns were resolved as soon as possible.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not made the necessary improvement to meet the requirement of the warning notice we had issued in relation to medicines management.

The provider did not have robust systems in place to monitor the quality of the service and had not identified the additional shortfalls we found during our inspection.

People, relatives and professionals we spoke with thought the home was well-led and the staff and management were approachable and worked well as a team.

142 Petts Hill Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 29 and 30 August 2017. The inspection was carried out by a single inspector 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.

Before this inspection we reviewed the information we held about the provider and the service. This included previous inspection reports, action plans the provider sent us following these inspections and statutory notifications of significant incidents and events affecting people using the service.

During the inspection visit, we spoke with all three people living at the service, one relative, the owners (which included the registered manager) and one senior support worker. We also spoke with a healthcare professional over the telephone.

Following our visit, we spoke with two healthcare professionals to get their views about the service.

During the inspection, we looked at all the people's care records, all the staff's records, how medicines were managed and a range of records relating to the management of the service.

Inadequate

Is the service safe?

Our findings

At our inspection of 22 February 2016, we found a breach of regulations in relation to the management of medicines. At our inspection of 5 July 2017, we found that the provider had not made the necessary improvements and people were at risk because medicines management remained unsafe. We issued the provider with a warning notice telling them they must make the necessary improvements by 15 August 2017. At the inspection of 29 and 30 August 2017, we found that the provider had made some improvements, they had not fully met the requirements of the warning notice and medicines management remained unsafe. In addition we found concerns relating to safety and risk assessments.

We looked at the storage, recording of, receipt, administration and return of medicines and records in relation to the management of their medicines.

At our last two inspections, we found that a large number of medicines that had passed their expiry date, and a small number of medicines which were no longer prescribed or used by people who used the service were kept with the currently used medicines. At this inspection, we found that the provider had made the necessary improvement and we found all medicines to be in date and stored correctly.

At our last two inspections, we identified that medicines administration record (MAR) charts did not record the number of medicines received at the beginning of each monthly cycle. At this inspection, we found that this still had not been addressed for any of the people. This meant that there was still a risk that any discrepancies in stock would not be identified and carrying out audits would be difficult.

Not all the medicines administration record (MAR) charts for people who used the service were completed accurately. We saw that some medicines had been signed for by staff a day ahead. We discussed this with the registered manager who told us that this was an error. However there was no written explanation for this recorded on the MAR charts. We also saw that on 28 August 2017 (night time), a liquid medicine and a tablet for one person, and a tablet for another person were not signed as having been given. The registered manager confirmed that people had received these medicines. We checked the dosage system used by the service and saw that the tablets had been taken out, indicating that these had most likely been administered. However, in the case of the liquid medicine, we could not verify this.

We saw that a person's medicine which had been prescribed to be taken daily was only administered once in seven days, and for another person, a medicine to be taken every night had not been not given every day, and often it had been given at lunchtime or in the afternoon rather than at the prescribed time. The staff told us that these medicines were supposed to be given only when required and this had been confirmed by the GP. However, there was no record of this instruction on any of the people's MAR charts. Therefore people were not protected against risks associated with medicines because the instructions to administer some medicines were not always accurate.

Two people's medicines were supplied in blister packs, and we saw that these had been administered as prescribed. However, one person had recently been discharged from hospital and had their medicines

supplied in their original packs. We found that, for five of these medicines, the amount of stock in boxes did not reconcile with the staff signatures on the MAR charts. For example, two medicines were prescribed to be given once a day. For each of these, we saw seven staff signatures but only six tablets had been taken out of each pack.

We also noticed that on one pack of medicines it stated 'take two tablets once a day', but the MAR chart stated 'take one daily'. We asked staff which of these instructions was correct and were told that the GP had requested for them to use the MAR chart's instructions. However, there was no written evidence of this and we could not be sure which instruction was correct. The stock of the tablets left in the pack was incorrect, regardless of which instruction was being followed.

The provider had put in place a medicines audit form. However they had not used this and no medicine audits had been undertaken since our last inspection, therefore the provider had not identified the shortfalls we found with medicines management.

The provider did not always ensure the safety of people, visitors and staff. There had been no recent health and safety checks of environment and we found that some areas of the home were unsafe. For example, there was a lot of clutter in the communal living rooms and on the upstairs landing. This included a large amount of filled carrier bags on a table by the sofa. We saw electrical cables across part of the lounge carpet and a garden hose left unravelled across the lawn. These presented trip hazards for people using the service. Although the upstairs bathroom was clean, we saw that the sink was cracked and the ventilation fan was grimy.

In the covered smoking area, we saw that a broken ashtray had been placed on top of a wicker basket unit. This could present a fire risk. We discussed this with the provider during our feedback and they told us they would address this.

Most COSHH (Control of Substances Hazardous to Health) products were kept in a locked cupboard. However on the day of our inspection, we found a bottle of bleach, a carpet cleaning product and an insect killing spray left in the downstairs bathroom which people using the service had access to. We also found two boxes of sharps, one of which contained used syringes. We asked the registered manager to remove these but no action was taken. We removed them ourselves and placed them in the office which was kept locked when not in use.

Risk assessments did not always reflect people's individual risks and were not always regularly reviewed. We viewed the care and support plans for all the people using service. Each person had an initial assessment in place. This highlighted specific areas of risk. For most people, adequate risk assessments were in place and regularly reviewed and updated. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as washing, dressing and nutrition. However for one person for whom specific risks were identified, there were no risk assessments or guidance for staff about how to meet the person's needs and mitigate risk. For example, the risk of skin deterioration, urinary tract infections and falls. We also noticed that this person's general risk assessment had not been updated since August 2016, although it was clear that their needs had changed. We discussed this with the provider who told us they would address this without delay.

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

People told us they were happy with the way in which they received their medicines. Their comments

included, "I get my medication in the morning and evening. I'd find it confusing to take my own tablets", "I get my medicines in the morning" and "I take pills. They give me my medication to get better. So I understand what they are for."

The provider had a policy and procedure for the administration of medicines. We saw evidence that all staff had recently attended a course in the management of medicines. People told us they received their medicines at the expected time and they received the assistance they needed.

The provider carried out checks on the safety of the environment and equipment used. For example, we saw up to date checks on fire safety equipment, water temperatures and electrical safety. There was a clear and up to date fire risk assessment and staff undertook regular fire alarm tests and fire drills to ensure that people and staff knew what action to take in the event of a fire. Each person had a personal fire risk assessment in place which was kept in their care records, this included clear guidance for staff with regard to a person who smoked.

All three people we spoke with told us they felt safe at Petts Hill Care Home. Their comments included, "Yes, they look after me. They got a hospital bed for me", "Yes, I love it. It's a nice place. Very very safe. That means a lot" and "Yes it is safe." A family member agreed and said, "I've got confidence. [Staff member's name] looks after them well."

Staff had completed training in safeguarding adults and were able to demonstrate knowledge in this subject when we spoke with them. The service had a safeguarding procedure and all staff were aware of this. We saw evidence that the provider worked with the local authority's safeguarding team where concerns had been identified and appropriate measures were put in place to address them.

Accidents and incidents were appropriately recorded and we saw that in most cases, an action plan to prevent reoccurrence was recorded, although when a person had a recent fall, we saw that no action was recorded in the accident record. However, the person's care record clearly showed that appropriate action had been taken. This included calling the emergency services and contacting relatives and the relevant agencies.

Recruitment practices ensured staff were suitable to support people using the service. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check in the form of a Disclosure and Barring Service (DBS) check was completed.

People told us that there were always enough staff to support them during the day and night. Their comments included, "Two members of staff is enough. When I call them, they come immediately" and "Yes of course there's enough staff." We viewed the staffing rotas for four weeks and saw that there was adequate cover at all times. The manager told us that they also employed two bank staff who were able to cover at short notice in the event of staff sickness. This ensured that there were always enough staff on duty to meet people's needs.

Good

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 provider understood the principles of the MCA and had followed its requirements. The provider had made appropriate applications for DoLS where necessary and we saw that these had been approved by the local authority. We saw that best interest assessments had taken place and that the relevant people had been involved. This meant that people were being lawfully deprived of their liberty.

Where possible, people were involved in reviewing the care and support they received. Where people were unable to make an informed decision about the care and support they received, we saw that staff had worked with their relatives and relevant professionals involved in their care to agree decisions that were in the person's best interests, in line with the requirements of the MCA 2005.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. Their comments included, "They're looking after me nicely", "They know what I want to do. They listen to me", "They let me play my card games. I watch any TV programme I like" and "I just enjoy life because I am here. I love it." Our observations throughout the day confirmed this.

We saw recent records of staff supervision although the registered manager told us they had not conducted any staff appraisal. Staff told us because they were a small service and related to each other, they supported each other and talked about everything relevant to their role and the care of the people using the service.

People and their relatives confirmed that staff had the knowledge and skills they needed. One relative said, "I believe they are skilled in looking after my [family member]." We saw that people were being cared for by staff who had received the necessary training to deliver care safely and to a high standard. The manager had identified training courses as mandatory. They included first aid, infection control, administration of medicines, health and safety and safeguarding adults. They also undertook training specific to the needs of the people who used the service which included MCA and equality and diversity training. The training records we looked at confirmed that training was regular and refreshed annually. All staff had been supported to complete a recognised qualification in health and social care. This meant that staff had

received a range of training to support them in providing appropriate and safe care.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally and as an important aspect of their daily lives. People's individual nutritional and cultural needs, likes and dislikes were assessed and recorded in their care plans. Staff told us that they discussed people's choice of food during one to one chats and people we spoke with confirmed this. People told us the food was good and they could eat whenever they wanted to. Their comments included, "The food is OK", "It's nice. It's always good. They bring it. I get a choice about what I eat for breakfast" and "I'm quite well fed. Weetabix for breakfast and bacon and tomato." People's weight was usually monitored and we saw evidence of this in their care records. However, the record for one person showed they were last weighed on 18 March 2016. We raised this with the senior support worker who told us that the person's weight had been monitored, however they could not provide any evidence of this.

People told us they were supported to maintain good health and had access to the health care services they needed. Their comments included, "The nurse came to give me an injection", "I'll see the dentist for dentures. Yes, I have some glasses. They take me to the optician", "We do exercises with [staff member]. I go to the dentist and to the optician" and "I went to see the doctor at [hospital]. The optician has seen me. They came round for me." A relative said, "[Family member] is taken to the GP." One healthcare professional told us the staff were "always welcoming and staff always available" and another said, "They always attend with people for appointments" and "They did engage with us regarding requesting medication."

The care plans we looked at contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines and general information. Records of healthcare appointments included the outcome of the appointment and any action needed. These included routine appointments and specialist appointments.

Good

Is the service caring?

Our findings

People and a relative we spoke with were complimentary about the care and support they received. Their comments included, "Staff are very nice in every way. I love them", "No qualms. They are respectful", "The staff are doing nicely. They give me coffee to drink. They do understand me" and "Definitely happy with the staff." A healthcare professional told us that whenever they visited, they found the staff to be very supportive and caring. They added, "They are really lovely. They try to encourage people" and another said, "Their heart is in the right place."

We saw staff treated people with respect and in a caring, professional manner throughout our inspection. Staff we spoke with spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. Every member of staff we spoke with demonstrated a sound knowledge of people's individual needs and wishes and we saw that the culture of the service was based on providing care that met each person's unique needs, this included cooking meals that reminded a person of their country of birth.

People told us that their views were respected and that they were consulted about their care. Their comments included, "They always come and check on me lots of times. Staff explain things to me", "I can talk to them anytime" and "They ask me about my care. It's very nice to talk to them." A relative agreed and said, "[Staff member] helps him with his care and changes." Staff told us that they spoke with people informally regarding their care and their needs and wishes because people living at the service tended to get agitated during formal meetings and being asked to sign documents made them feel nervous. They told us they obtained information about people's life history, likes, dislikes, hobbies and interests by involving relatives in review meetings.

We viewed the care notes for all the people who used the service and saw that these were written in a respectful way and detailed how people had spent their days, including any concerns and information about health or emotional needs.

People told us that staff respected their privacy and we saw evidence of this throughout the day of our inspection. One person told us, "They close the door when they wash me" and another said, "[Staff member] changes the bedclothes twice a week, so I don't get bedsores." People had their meals whenever they chose and got up and retired anytime they liked. A relative said, "Dignity is looked after here."

People told us they were able to have visitors whenever they wished. Relatives we spoke with confirmed this. One person told us it was important for them to keep in touch with their family and staff made that possible.

Requires Improvement

Is the service responsive?

Our findings

We looked at the care plans for all the people using the service and saw that most were comprehensive and contained detailed information about what the care needs were for each person and how to meet them. However, care plans were not always reviewed and updated and did not always contain up to date information. The senior support worker told us that they often reviewed the care needs of a person who had had several hospital admissions. However we saw that they had been back from hospital for seven days and their needs had not yet been reviewed. Furthermore, we saw that there was no record of a review since August 2016.

We checked the care notes for this person and saw that on 4 April 2017, a healthcare professional had recommended a chair raiser and support frame for the toilet. These were to help the person with their mobility, promote their independence and reduce the risk of falls. We saw that these were not being used at the time of our inspection. We checked with the registered manager who was not able to offer an explanation for this. We asked them to contact the hospital's occupational health department to make some enquiries about this. They were told that normally the department would order such equipment and were unsure and unable to check why this had not been done. However we were concerned that the provider had not chased this up. This meant that the person using the service did not have the recommended equipment and may have been put at risk of further falls.

We also saw instructions in a person's care notes in April 2017 stating that a pillow should be placed between their knees whilst in bed. We saw that this instruction was not being followed. We discussed this with the registered manager who was unable to tell us when they stopped, or how long they were supposed to follow this instruction. We asked them to check with the occupational therapist who confirmed that this instruction had to be followed for only three to four weeks. However staff had not checked this with the relevant professional. We viewed the person's care notes and found that these were vague and did not record anything specific regarding this matter. Therefore we could not be sure that specific instructions issued by specialist professionals were always followed appropriately and this meant there was a risk that people's individual changing needs were not always met.

When asked if they were happy with the activities on offer at the service, people's views varied. Their comments included, "They take me out for a walk every day. I go to the shops. I'm happy with that", "I used to do colouring. Not anymore since I had to stick to laying in bed" and "I watch TV. I walk around the corner. Nothing much else. No clubs." At our inspection of 22 February 2016, staff had told us that owing to the changing needs of some people using the service, they were thinking of developing the environment and the activities to be more dementia friendly, and were going to seek guidance from relevant websites and organisations. However we did not see any evidence of this at this inspection. One person who used the service pointed out that there was no local community involvement.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Care plans included a one page summary which contained details of people's needs, views and goals. For example, for a person who smoked, we saw that their identified goals included monitoring and educating the person about the dangers of nicotine.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive. Two people using the service had been living there for over 25 years, and told us they were happy with the care they received. One person told us, "[Staff member] washes me every day and brings my medicine, [Registered manager] cuts my hair once in a while. I get the right care." One healthcare professional told us, "The whole staff team is always available and responsive. They are always pleasant on the phone."

Staff told us they encouraged and supported people to undertake activities of interest to them. There were a range of activity materials available at the service and people had access to them whenever they wanted. Staff said that people enjoyed board games and they often sat together and played. People were also encouraged to help with gardening and baking cakes. Staff confirmed they were available to support people with outings whenever they wanted. Outings included visits to the local parks and the Ruislip Lido. We were told that the service celebrated events such as Christmas and birthdays and relatives were invited.

The service had a complaints procedure in place and this was available to staff and visitors. People were given their own copy. People knew who to complain to if they had any issues but told us they had not needed to make a formal complaint. One person told us, "I'd tell [Registered manager]. I never had to. They told me how to complain and made this clear" and another said, "I'd be honest with them about a complaint. I haven't complained in all my years. I'm happy here." A relative told us, "I'd speak with [provider and registered manager], and see if they could sort it out. Then follow it up with the council."

We viewed a sample of quality questionnaires which had been sent to relatives in July 2017 and returned to the service. The questionnaires included questions about the quality of the care and the suitability of the staff. We saw that all areas were rated highly and indicated people's satisfaction with the care received. Comments included, "I think the service my [relative] receives here is very professional and understands my [relative's] needs", "[Person using the service] is very happy here with his care, accommodation and is delighted with meals" and "The staff are friendly and approachable."

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection, we issued a warning notice on the provider because we had found a repeated breach in relation to the management of medicines. At this inspection we found that the provider had failed to fully meet the requirements of the warning notice despite having been given ample time to make the necessary improvements and the management of medicines remained unsafe. The provider had a medicines audit template. However they had not used this since our last inspection and had failed to identify the shortfalls we found with medicines management.

The provider had systems to assess and monitor the quality of the service such as health and safety checks, maintenance of equipment and care records. However we saw that these had not been undertaken recently therefore the provider had failed to identify issues such as the lack of care plan reviews, specific risk assessments and the safety of the environment. This meant that people were not being protected from the risks that can arise because the provider did not have effective quality assurance processes.

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

We saw that the provider had not displayed the rating of their last inspection within the service. We discussed this with the provider and saw that they had displayed this prominently before the end of the inspection.

The home was owned by a group of family members. One of the members had also been the registered manager with the Care Quality Commission since 2010 and held a recognised management qualification.

People and their relatives we spoke with were mostly complimentary about the staff and the manager. They said that they were approachable and friendly. People thought that the home was well managed and the staff worked as a team. Their comments included, "Happy atmosphere", "It's very nice" and "It's 'so- so'. They're good. Sometimes they speak to me, sometimes they don't."

Staff told us they had regular team meetings and records confirmed this. The items discussed included the needs of people who used the service, housekeeping, outcome of inspections, health and safety and training. Outcomes of incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations.

The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service. One healthcare professional told us, "They have engaged well with us regarding people's needs. I have no concerns at all."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always ensure that the care and treatment of service users were appropriate, met their needs and reflected their preferences. Regulation 9(1) (3)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not made suitable arrangements to ensure that medicines were managed safely. Regulation 12 (1) (2)(b)(g) The registered person did not always assess the risks to the health and safety of service users of receiving the care or treatment Regulation 12 (1) (2)(a) The registered person did not do all that is reasonably practicable to mitigate any such risks Regulation 12(1) (2)(b)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not assess, monitor and improve the quality of the service. Regulation 17(1) (2)(a)

The enforcement action we took:

Warning notice