

Emmanuel Care Services Ltd

Emmanuel Care Services Limited

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 15 and 18 June 2015 and was unannounced. At a previous inspection of the home on 30 April 2013, we took enforcement action against the provider because we found they needed to make improvements relating to the management of medicines, monitoring the quality of the service and safeguarding people using the service against the risk of abuse. At a follow up inspection on 29 July 2013 we found that improvements had been made and the provider had complied with our enforcement actions.

Emmanuel Care Services Limited is a care home which provides care and accommodation for up to three people with learning disabilities and mental health needs. There were two people living at the home at the time of this inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At this inspection we identified areas of unsafe and poor quality care. This was because the service was not well led. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found that people's privacy and confidentiality was not always respected. People were not receiving person centred care that reflected their personal preferences in terms of the activities available to them at the home. Robust records relating to the management of people's finances were not being maintained. Appropriate recruitment checks were not being carried out before staff started work at the home and some staff had not received the training to enable them to fulfil the requirements of their role. We found that some records relating to the management of the home were not being maintained, some records were being secured appropriately and there was no effective system in place to monitor the quality of service people received.

We found there were enough staff on duty to meet people's needs. People's medicines were being managed appropriately and they were receiving their medicines as prescribed by health care professionals. They were supported to maintain good health and had access to health care support. People were provided with sufficient amounts of nutritional foods and drink that met their needs. There were safeguarding adult's procedures in place and staff understood these procedures. The

manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. We have made a recommendation that the risks to people using the services are recorded individually thus making them easier for staff to understand and follow.

The relatives of people using the service felt their relatives were well cared for and were safe living at the home. Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. People using the service and their relatives had been consulted about their care and support needs. The home had a complaints procedure in place.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

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 safe. Robust records relating to the management of people's finances were not maintained.

Appropriate recruitment checks were not being carried out before staff started working at the home.

There were enough staff to meet people's needs. Staff were aware of the provider's whistle-blowing procedure and said they would use it if they needed to.

People's medicines were managed appropriately and they were receiving their medicines as prescribed by health care professionals.

Inadequate



Is the service effective?

The service was not always effective. Staff were not receiving an appropriate induction or appraisals and some staff had not received the training to enable them to fulfil the requirements of their role.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences and they were being supported to have a balanced diet.

People were supported to maintain good health and had access to health care support.

Requires improvement



Is the service caring?

The service was not always caring. People using the services privacy and confidentiality were not respected.

Records relating to the management of the home and people using the service were not maintained securely.

Staff spoke to people using the service in a respectful and dignified manner.

People using the service and their relatives had been consulted about their care and support needs.

Requires improvement



Is the service responsive?

The service was not always responsive. People using the service and their relatives had been consulted about their care and support needs. People were not receiving person centred care that reflected their personal preferences in terms of the activities available to them at the home.

Requires improvement



Summary of findings

Records appropriate to people's care and support needs were being maintained.

The home had a complaints procedure in place.

Is the service well-led?

The service was not well-led. There were no effective systems in place to monitor the quality and safety of the service.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

Inadequate



Emmanuel Care Services Limited

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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

This inspection took place on 15 and 18 June 2015 and was unannounced. One inspector conducted the inspection on the 15 June and two inspectors conducted the inspection on the 18 June.

During our inspection we spoke with one person using the service, the relatives of two people using the service, a care manager, one person's keyworker from a day centre, a visiting podiatrist, two care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for two people and the recruitment and training records of staff. We also looked at other records that related to how the home was managed.

Is the service safe?

Our findings

The relatives of people using the service felt their relatives were safe living at the home. One relative said, "I feel sure my relative is safe and secure living there. I have no concerns in that department." Another relative said, "My relative is fine, I think they are safe at the home."

However our findings did not all support these views.

At our inspection 30 April 2013 we found that the provider had not taken action to ensure people were protected from financial abuse. They did not have adequate systems in place for managing some people's money. At our follow up inspection 29 July 2013 we found that improvements had been made and the provider had complied with our enforcement action. However at our inspection on 15 and 18 June 2015 we found that people were not protected from the risk of financial abuse.

We checked the finance records of the two people using the service. We saw records of transactions and money tins containing receipts for each person. We saw receipts for small amounts of cash used for people using the services activities such as hairdressing and meals out however we noted that there were no receipts for some larger transactions. For example on the 18 May 2015 one person using the service had incurred a cost of £60.00 for pocket money, toiletries and transport. On the 27 May 2015 the other person had incurred a cost of £70.00 for toiletries, transport and pocket money. The manager told us that they had paid for these items and the manager reimbursed themselves from people's finances. The manager said they had not obtained receipts from taxi firms or for toiletries on behalf of people using the service. This contravened the homes policy on handling people's money and property which stated, "When cash changes hands it is best to count it in front of the service user and a receipt should always be completed immediately and handed over." Therefore people were not protected from the risk of financial abuse.

This was in breach of Regulation 13 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the home. The manager and the staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they

would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection the CQC was aware of a safeguarding concern being investigated by the local authority. We cannot report on the investigation at this time. We will continue to monitor the outcome of the investigation and the actions the provider takes to keep people safe.

Appropriate recruitment checks were not always being carried out before staff started working at the home. We looked at the recruitment records of four staff. These included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. We saw completed application forms that included references to staff's previous work experience and their qualifications. The application forms included the member of staff's employment history. However in one application form the member of staff had recorded their employment history from 2007 only. The manager told us they had not obtained this persons full employment history or explored any breaks in their employment as they were required to do. They were unable to explain this gap in employment and said "Sometimes people can be off working having children."

This was in breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

There were enough staff on duty to meet the needs of people using the service. At the time of our inspection the home was providing care and support to two people. The manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. They told us that staffing levels were increased at weekends following a recent recommendation made by the local authority commissioning team. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. One member of staff said there was always a safe level of staff on duty because the manager planned for events and

Is the service safe?

appointments. For example extra staff were placed on duty to take people to GP or hospital appointments. They also said staff identified times when they could be on call and available to work at short notice.

Risks to people using the service were assessed. These assessments included, for example road safety, aggression, epilepsy and restlessness. The risk assessments included risk management plans with information about action to be taken to minimise the chance of the risk occurring. Staff told us that regular fire drills were carried out. They knew what to do in the event of a fire and told us how they would evacuate people and where the muster point was. The manager demonstrated how the fire alarm worked. Arrows on walls pointed out the direction of evacuation. Fire extinguishers had been serviced in March 2015. We saw a folder that included records of monthly smoke alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety. We also saw evidence confirming that the homes electrical equipment and gas system had been checked by engineers in October 2014.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. Medicines were stored securely

in a locked cabinet in a locked cupboard. The manager showed us a medicines folder. This included the homes medication policy, the medicine administration records (MAR) for the two people using the service and records of medicines received into the home and medicines returned to the pharmacist. The folder also included the names and sample signatures of staff designated to administer medicines. The manager told us that only trained staff could administer medicine to people using the service. The MAR's included the each person's photograph, any allergies and the name and contact details of their GP. MAR's indicated that people were receiving their medicines as prescribed by health care professionals. We also checked balances of medicines recorded on the MAR's against medicines the stored in the cabinet. The balances of medicines on the MAR's corresponded with medicines the stored in the cabinet. We saw that the manager had completed monthly medicines audits. We also saw a report from a pharmacist advice visit carried out at the home in March 2015. The pharmacist had recommended that the home obtain a medicines policy from the National Institute for Health and Care Excellence (NICE) and develop a policy on people using the service taking medicines on social leave. The manager showed us evidence confirming these recommendations had been met.

Is the service effective?

Our findings

Staff did not always receive mandatory training or annual appraisals to support them in their role. The manager told us staff were required to complete mandatory training on manual handling, medication, infection control, safeguarding adults, health and safety, food hygiene and fire safety. We saw certificates confirming most staff had completed training on medication, infection control, health and safety, fire safety and the Mental Capacity Act and Deprivation of Liberty Safeguards in January and February 2014. However the manager was not able to produce certificates confirming staff had completed mandatory training in manual handling, safeguarding or food hygiene. One member of staff told us they had worked at the home for three months and they had not received any training. They said the manager had covered the homes safeguarding adult's procedure with them during their induction however they had not yet received any training on the topic. Another member of staff told us they thought they had last completed safeguarding "about three years ago". The manager said they and all other staff had received training on safeguarding adults from abuse with the local authority in 2013 however they could not produce any evidence of this training when we requested it. We also found one member of staff had not fully completed training on medicines administration however medicines records showed that they had been administering medicines to people using the service. The manager showed a certificate on the second day of the inspection confirming this member of staff had subsequently completed the medicines training.

Staff told us they had completed an induction when they started work. One said they had worked at the home for three months and their induction included understanding the needs of the people using the service, personal care, any medical conditions and what to do in the event of a fire. We looked at the homes induction records. These had been signed as completed by staff but referred mainly to the homes policies and procedures and topics such as infection control, the fire plan and health and safety. However the induction did not follow nationally recognised standards of good practice, such as the care certificate, because it did not cover topics such as staff understanding

their role as support workers, awareness of mental health and learning disabilities, basic life support, working in a person centred way, handling information or privacy and dignity.

Staff development was not supported through annual appraisals. Both staff we spoke with said they received regular supervision from the manager however the member of staff that had worked at the home for eight years said they had not received an annual appraisal. There were no records of other staff receiving appraisals.

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

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. The MCA and the DoLS set out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The manager said that people using the service had capacity to make some decisions about their own care and treatment. Where they had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that capacity assessments were completed for specific decisions and retained in people's care files. The manager told us they were aware of the Supreme Court judgement in respect of DoLS. At the time of our inspection we noted that two DoLS applications had been authorised to deprive the two people using the service of their liberty for their protection. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

We noted that the bathroom and kitchen doors were being locked when not in use. The manager told us this was to reduce the risk of people using the service being injured if they were left unsupervised. The manager showed a risk assessment was in place in relation to people accessing the kitchen. A visiting care manager told us the locking of the doors had already been assessed by a best interest assessor from the local authority and the actions taken by the manager were deemed to be proportionate. Both the manager and the care manager told us the current DoLS authorisations were due to be reviewed and the locking of the doors was to be discussed.

Is the service effective?

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements and preferences. We saw laminated pictures of food choices on the kitchen walls. A member of staff told us people used these to make choices and to prepare shopping lists and menu plans. We saw that people were also provided with drinks and fresh fruit and snacks throughout our inspection.

People were supported to maintain good health and had access to health care support. Where there were concerns

people were referred to appropriate health professionals. Appointments with health care professionals had been recorded in their health action plans. For example, we saw that one person had been referred to and had been assessed by a speech and language therapist (SALT). The SALT's recommendations had subsequently been recorded on the person's care plan. We spoke with a podiatrist who was visiting people using the service during the inspection. They told us they visited both people every month. People always appeared happy and relaxed and staff supported people to keep calm when they were receiving treatment. They said staff always called them if they had any concerns.

Is the service caring?

Our findings

People's privacy and confidentiality were not always respected. The home is currently registered with the CQC to provide accommodation for up to three people who require nursing or personal care. At the time of this inspection two people were residing at the home. The home had three bedrooms, a living room, a kitchen, a bathroom/toilet and one toilet. Medicines and some records were stored in a small lockable room/walk in cupboard. We noted that the living room was furnished with a bed settee, two chairs, a television and a music player.

The living room was also used as an office to manage the running of the service. As well as the other furniture, the room contained office equipment such as a desk and a chair, a computer, a notice board, a telephone, a fax machine and a small table with a printer. The manager told us the living room was used as an office however they tried to be discreet and maintain people using the services privacy and confidentiality. For example if one person was having a review meeting they would take the other person out into the community for an activity of their choice. However during the inspection we found it difficult to speak with staff or the manager in private due to the lack of space. We also heard the manager and staff speaking about people using the service on the telephone, although they tried to maintain some level of privacy by going into the hallway or the kitchen, their voices were still audible. When we called the manager on the telephone to request information after we had left the service we could hear people using the service in the background speaking during the call. A care manager told us that when they had carried out a review at the home recently they had needed to request that the other person using the service leave the living room so they could undertake the review of their client in private.

People could not access the living room in their home freely at all times. The manager told us the living room was also used as a sleepover room for staff. We asked a member of staff how this impacted on people if they wanted to enter the lounge after the sleep-in person had gone to bed. They said, "This does not happen very often.

We shut the door and the person will return to their room." This meant that people could not always relax or watch television in the privacy of their own home whenever they wanted to.

These issues were a breach of regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Records relating to the management of the home and people using the service were not maintained securely. There was an unlocked cabinet with files visible relating to the homes policies and procedures, information relating to keyworker sessions, people using the services progress reports and regular prescriptions for medicines in the living room of the home. Other files were also located behind unlocked doors of the cabinet with information relating to medicines, incidents and accidents and previous people who had lived at the service. On the notice board we saw weekly activities plans for people using the service and general guidance for staff on the management of coughing and choking and eating and drinking.

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

The manager told us the local authority commissioning team had recently made a recommendation that the home reduced the numbers of people residing at the home to two people instead of three so that people's privacy could be respected. The manager said they were considering this recommendation with their legal representative and would be attending a meeting with the commissioning team to discuss the matter further.

People using the service were not able to communicate their views to us verbally. We saw that people had communication passports in place which indicated their method of communicating with staff and others. Throughout the course of the inspection we saw that staff spoke to and cared for people in a respectful, thoughtful and kind manner. For example, we saw a member of staff explaining to one person that the transport to day centre was due and discussing what would be happening at the home when they returned. This member of staff told us, "I enjoy working here and interpreting people's needs. I learn a lot from them as they see things differently from me."

The relatives of people using the service said their relatives were well cared for. One said, "My relative seems very happy here and is well looked after. The staff can

Is the service caring?

communicate very well with them. They always tell me how my relative is getting on.” Another relative said, “The provider and the staff always do their best to look after my relative. My relative gets on very well with the staff and the manager.”

People using the service and their relatives had been consulted about their care and support needs. The relative of one person told us they were always invited to review meetings. On the second day of our inspection the other

person’s placement at the home was being reviewed. The review was attended by a family member. They told us, “I always attend these meetings. I can help to say what my relatives needs are.”

A member of staff told us how they supported people to maintain their independence. They said, “We try to get people to do even little things for themselves such as putting the Hoover plug in or putting away the shopping or tidying their bedrooms.” We saw how people’s care plans made reference to this and saw in the daily log where a person was encouraged to tidy their room and sweep the floor.

Is the service responsive?

Our findings

One person's care manager told us that their client's personal care had vastly improved since they moved into the home one year ago. They were much calmer and more able to engage with those around them. However we identified a lack of activities for people to engage in when at the home.

People using the service were not receiving person centred care that reflected their personal preferences in terms of the activities available to them at the home. People using the service attended a day centre during the week. Each person had a weekly program of activities which were recorded in a daily log. Activities for one person included for example, bowling, basketball, playing cards, painting and attending a community group. This person's relative said their relative got bored really easily. The person liked to play games however they were not able to do this at the home. The relative said they had raised this issue at review meetings and with the manager in the past but nothing had been done. We observed that apart from the television and a music player there were no visible signs of in house activities either in the living room or people's bedrooms. For example, there were no games, books, magazines or art materials available for people using the service. A care manager told us there did not appear to be any stimulation for their client inside the home. The care manager had provided the manager with information about other activities that might be appropriate to their client's needs. The manager told us they had tried some of these activities before and found they were not suitable. They said they were exploring other activities for both of the people using the service.

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

The other person's activities included going for walks, going for a ride in a car and basketball. A day centre worker told us, since this person moved into the home they had more opportunities to make choices for themselves. They also said, staff offered them support with activities and focussed on the things they liked to engage in.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs

assessments, care plans and risk assessments. The files also included evidence that people using the service, their relatives, their keyworkers and care managers had been involved in the care planning process. This ensured that people received continuity in the delivery of their care and that this was effectively communicated to all persons involved.

Records appropriate to people's care and support needs were being maintained. Information in the care plans had been reviewed by staff on a regular monthly basis. Care plans had been developed in areas including personal hygiene, independent living skills, daily activities, social activities and managing behaviours. We saw that the care plans were personalised to individual's specific needs and identified how these needs would be met by staff. For example one person's care plan included guidance for staff on how they should support them when they became anxious or began to show signs of aggression. Staff we spoke with demonstrated an awareness of this person's needs and were able to explain to us the agreed techniques to support them when their behaviour escalated. The daily notes recorded by staff showed that care had been provided in line with people's care plans.

Each person using the service had a communication passport. These indicated their methods of communicating, how to recognise signs when they were unhappy and how staff should respond to this. They also outlined the most effective way of communicating with the person, for example "lead with your hand." A member of staff told us they used the communication passports in their everyday work. They facilitated choice for people in different ways, depending on their preferred method. They said for example, one person understands better when shown pictures and another likes things explained slowly and clearly. We saw staff used the methods described in the passports throughout the course of the inspection.

The home had a complaints procedure in place. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout. A relative said, "I have never needed to complain about anything major but if I did I would speak to the manager and I know they would sort things out."

Is the service well-led?

Our findings

At the beginning of this inspection we told the manager about our inspection methodology and the regulations in place from 01 April 2015. We told them we would be inspecting the home against these regulations. On the second day of our inspection the manager told us they were not aware of the change in regulations and had not been told about them. We pointed out to them that these applied from 1 April 2015. Guidance for providers about meeting these regulations had been available since March 2015. The manager printed off a copy of this guidance from the CQC website and told us they would use the guidance to ensure the home complied with the regulations.

At our inspection on 30 April 2013, the manager provided a quality control report as evidence of the service's quality assurance records. While the report listed the number of checks that had been done for areas such as medication, health and safety and the premises, the report did not evaluate the information recorded about the quality and safety of the care the service provided. The report did not include the actions required to address the areas for improvements identified during these checks or that action plans had been developed and their implementation reviewed. We took enforcement action against the provider. At our inspection on 29 July 2013 we found that improvements had been made to assess and monitor the quality of service provision.

At this inspection we found there were no effective systems in place to monitor the quality and safety of the service. The provider carried out quality control audits at the home on a quarterly basis. We saw reports from May to August and September to December 2014 and January to April 2015. The audit reports covered areas such as care plans, key-work sessions, training courses, complaints, incidents and accidents, medicines, health and safety checks and infection control. However we noted that the reports described the systems the provider had in place rather than the outcome of quality checks made. For example in all three reports under care plans it was recorded, "Care plans and risk assessments are in place for all of our service users and are reviewed every six months. However, we will review the care plan if there is a change in people's needs prior to the review date. We have an initial care plan within a month that service user moves into our care, reviewed within three months and then six months thereafter."

However there was no record of any checks made to make sure care plans and risk assessments were up to date or any action taken. Under infection control it was recorded, "We have a policy on infection control and staff understands that the house needs to be cleaned and tidied up." However there was no record of any checks made to identify whether the house was clean and tidy, or any action taken. The audit reports did not evaluate the quality of the service provided to people or include any areas for improvement. The provider's own checks had not identified issues we found with the quality of financial record keeping, secure storage of records, training records or processes to manage people's privacy.

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

The local authority that commission services from the provider carried out a number of visits to the home between April and June 2015. They sent the provider a report in May 2015 with a number of recommendations to make improvements at the home and requested an action plan from the provider. The manager showed us the action plan they had sent to local authority commission team and told us they had already made some improvement at the service. For example, they had increased the number of staff on duty at the weekends and changed cleaning materials used at the home. A member of the local authority commission team told us a meeting was planned for the 25th June 2015 where the provider's action plan and any improvements made at the home would be reviewed and discussed with the manager.

The manager and staff told us the ethos of the home was to improve people's independence and quality of life. One member of staff said, "I really enjoy working here; it's a nice home. We have a good team and the manager is very supportive. We do our best to make sure we meet people's needs." Another member of staff said, "I have worked here for eight years, I like the people who live here and the other staff. It's a good place to work."

The manager told us there were no team meetings or recorded daily handovers to ensure people's needs were clearly communicated. However we saw that people's needs were discussed with staff during regular supervision sessions and there were daily log books which recorded, for example, people's care and support needs, structured activities, appointments and any incidents or accidents.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Robust records relating to the management of people using the service finances were not being maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Appropriate recruitment checks were not being carried out before staff started working at the home.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not receiving the training and appraisal to enable them to fulfil the requirements of their role.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People using the services privacy and confidentiality were not always respected.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records relating to the management of the home and people using the service were not maintained securely.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People using the service were not receiving person centred care that reflected their personal preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no effective systems in place to monitor the quality and safety of the service.