

142 Petts Hill Care Home

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Inspection report

142 Petts Hill
Northolt
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Tel: 02084229910

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

142 Petts Hill Care Home is a care home without nursing that provides accommodation, support and care for up to three people with mental health needs. At the time of our inspection, three people were living in the home.

People's experience of using this service and what we found

Staff did not follow the provider's procedure for recording and administration of medicines and we could not be assured people received their medicines safely and as prescribed. Similar issues were found at the last two inspections.

Risks to people's wellbeing and safety had not always been assessed. As in our previous inspection, one person admitted in April 2022 did not have a care plan or any risk assessments in place, and another person's care plan had not been updated and did not reflect the care they were receiving.

Although there were risk assessments in place for another person, these were not always reviewed and updated regularly so risks were appropriately identified and mitigated.

The provider did not carry out regular safety checks including fire safety checks. The premises fire risk assessment had not been reviewed regularly. People's emergency evacuation plans (PEEPS) were in place for one person, however, two people did not have these in place. This placed them at risk of harm should there be a fire or an emergency.

The provider's infection control systems were not always effective. Some areas of the home were dusty and the fridge and some cupboards in the kitchen were unclean. There was no date of opening on food items. Some areas of the home were worn and needed updating and repairs were not always carried out in a timely manner.

People did not have access to meaningful activities and their care plans did not reflect what they liked doing or any interests they might have.

There were no records of any meetings with people who used the service and there was no evidence people were supported to feedback about the service.

The staff did not always communicate effectively with each other about the running of the service and there was little management oversight.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider's monitoring systems were not regular or effective and had failed to identify the shortfalls we found during the inspection. Furthermore, there was no evidence of lessons learned as issues we had found at previous inspections were repeated at this inspection.

The provider had processes in place for the recording and investigation of incidents and accidents. The registered manager told us there had not been any since our last inspection.

There were enough staff on duty at all times to meet people's needs in a timely manner. Nobody had been recruited since the last inspection.

Staff had received training in safeguarding adults and demonstrated a good knowledge of this and what they would do if they thought someone was at risk of harm.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 October 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We undertook the inspection to see if the provider had made improvements since the last inspection, and to find out how well the provider was meeting the key questions not inspected at our last two inspections.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person-centred care, premises and equipment and good governance at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our well-led findings below.

Inadequate ●

142 Petts Hill Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

142 Petts Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 142 Petts Hill Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met two people who used the service and observed interactions between them and the staff members. We spoke with two staff members, including the registered manager and the senior support worker.

We reviewed a range of records. This included all three people's care records and their medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures and safety checks. We continued to seek clarification from the provider to validate evidence found. We also looked at training data and risk assessments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last two inspections, we found people did not always receive their medicines safely and as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No improvement had been made at this inspection and the provider remained in breach of regulation 12.

- People did not always receive their medicines safely and as prescribed. The staff were not following the provider's medicines policy and procedures because they were either not administering medicines as prescribed or not recording they had administered them.
- We viewed the Medicines Administration Record (MAR) charts for all three people who used the service. The staff were required to sign for medicines following the administration of these. None of the medicines prescribed had been signed for in the two days prior to the inspection, sometimes longer.
- We carried out a detailed check of all the people's medicines which were supplied in packs. One person's medicines were in liquid form, so we were unable to ascertain if they received these correctly. However, for those who were prescribed tablets, we found discrepancies.
- The number of tablets left in the packets did not tally with the amount that records stated should have been left regardless of whether the MAR had been signed or not. Therefore, people had not always received their medicines as prescribed and records were not an accurate reflection of administration.
- At our last two inspections we found staff did not keep records of the total amount of prescribed medicines held at the service and did not record the date of opening on packets of medicine. At this inspection, we found this had not improved. This meant that we could not be sure people received their medicines as prescribed because records were not accurate.
- Despite the concerns we found at our last two inspections, the provider had not carried out any medicines audits since our last inspection, and people were still not being adequately protected against the risks associated with medicines.

The provider had not ensured they followed their policy and procedures in relation to medicines management. This placed people at risk of not receiving their medicines as prescribed. This was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last two inspections, we found the provider did not always have robust systems in place to protect people from the risk of avoidable harm. This was a repeated breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

No improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The provider did not have robust risk assessment and risk management systems to show that the safety and wellbeing of people was always assessed, monitored and managed appropriately. Two people had moved to the service in April 2022. One did not have a care plan and risk assessments in place and the other person's care plan did not reflect the support they were receiving. For example, the care specified the need for the person to be supported with a structured plan of activities to reduce risks to their safety and wellbeing, but this plan was not in place.
- The provider's arrangements in regard to fire safety were not adequate. The two people new to the service did not have an individual fire risk assessment or a personal emergency evacuation plan (PEEP) which placed them at risk should there be a fire or an emergency.
- We found that risk assessments for people had not been regularly reviewed and updated, some not since May 2021. When we raised this with the staff, they were unable to provide a reason for this.
- Safety checks to the premises were not always carried out regularly. Weekly fire checks had not been carried out since 8 June 2021. We raised this with the registered manager who told us they thought another member of staff had done these. However, they could not give us a reasonable explanation for the lack of testing. The fire equipment policy and procedure had not been reviewed and updated since 8 October 2019. The fire risk assessment has also not been reviewed since it was completed in February 2019. We contacted the London Fire Brigade after our inspection and shared our concerns with them.
- Lessons were not learned when things went wrong. After the last inspection, the provider created an action plan and told us they discussed any concerns as a team to make improvements. However, at this inspection, we found they had not followed their action plan, and had failed to make the necessary improvements. This meant the provider did not consistently learn from mistakes and make improvements to the service based on these.

We found no evidence that people had been harmed, however, failure to have robust risk management systems in place may put people at risk of avoidable harm. This was a repeated breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The kitchen was not thoroughly cleaned. The fridge had food residue which had hardened and some of the cupboards were cluttered and unclean. There was no date of opening on refrigerated food items so we could not be sure these were in date and safe to eat. The registered manager told us, "We used to do that, but we haven't done recently."
- Areas of the home were untidy and cluttered which meant it was not possible for these areas to be cleaned thoroughly. For example, there were stored items and several filled bin liners behind the seating area of the conservatory. We raised this with the registered manager who told us these belonged to a person who used to live at the service. They added they were waiting for the family to pick up the items but had not chased this up or organised for the items to be stored elsewhere.

We found no evidence that people had been harmed, however, failure to keep the environment clean and

hygienic may put people at risk from the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy and procedure in place. All staff received training in safeguarding adults and training records confirmed this.
- The staff knew what to do and who to contact should they have any safeguarding concerns about people who used the service. There had not been any recent concerns.

Staffing and recruitment

- The service was a family run business and the family group covered all shifts on a 24-hour rota.
- The provider told us they had not needed to use agency staff and there was no staff shortage. The rota we viewed confirmed this. The provider had not recruited new staff since our last inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection in February 2018, we rated this key question good. At the inspections of September 2020 and August 2021, we did not inspect this key question. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always assessed when they started using the service so appropriate care plans could be drawn up about how to meet people's identified needs. Two people moved to the service in April 2022. One person had a pre-admission assessment in place but the other did not. Instead, the provider had relied on documents provided by their previous care provider but had not carried out further assessments when the people were admitted to the home so they could ascertain what their needs were, so appropriate care plans could be prepared for them.

We found no evidence that people had been harmed but failing to carry out an assessment of people's needs may mean their needs are not met in line with their wishes. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- The environment did not always meet people's needs and there was no evidence that people were consulted in relation to how they wanted the home to be decorated or organised. The home was untidy and cluttered and did not look homely and welcoming.
- Some of the furniture was in poor condition and mismatched. The conservatory was used by people throughout the day. This was cluttered with filled bin liners and discarded items. This was not only unsightly, but also a hazard as it meant the area could not be cleaned thoroughly. There were areas which needed repairing and there were no maintenance records to show when these had been identified so a record could be made when the issues were rectified. For example, the lounge's door was broken and could not be used safely. The upstairs toilet seat was broken. One of the ceiling light fittings was broken and hanging off. The tiles around the fireplace were chipped and needed repairing. Overall the décor was tired and needed updating.

We found no evidence that people had been harmed but the provider had failed to maintain a suitable environment which met people's needs. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us photographic evidence that repairs had been carried out in

relation to the broken light fitting, lounge door and toilet seat.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider did not always understand the principles of the MCA and had not always followed its requirements. People who used the service did not wish to speak with us and could not confirm if they were consulted about their care and had agreed to this.
- There were consent forms in relation to the COVID-19 vaccine for one person but no other consent forms were in place for them, or the other people. We discussed this with the senior support worker, who acknowledged this needed to improve. They told us one person had not wanted their photograph taken, but this had not been recorded. They added, "Actually I think [they] would have their photos taken now that [they] are used to us." However, they had not discussed this with the person or updated their records.
- The provider informed us that all the people using the service had the capacity to make decisions about their care and support. At the time of our inspection, nobody was being deprived of their liberty.

We recommend that the provider seek and implement guidance in relation to the principles of the Mental Capacity Act 2005.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and likes and dislikes were not always sought and recorded in their care plans. Only the person who had lived at the home for a long time had a comprehensive care plan in place which included details about their nutritional needs and likes and dislikes.
- There was no nutritional information for the other people, apart from what had been supplied by their previous care provider.
- The provider was monitoring people's weight to help ensure they would identify weight loss and liaise with the relevant healthcare professionals to ensure the person received appropriate support.
- People were consulted daily about the food they wanted to eat, and menus were devised according to people's choices. The menus were varied, and meals were cooked using fresh ingredients.
- The fact people's weight was monitored and they received a range of appropriate meals showed that people's nutritional needs were being met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors, nurses, mental health professionals and dieticians and staff supported them

to attend appointments when this was needed.

- Appointments were recorded and included the reason for the appointment, the outcome, and if a follow-up appointment was needed.

Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate skills and experience. The service was run by the same group of family members and no new staff had been recruited in the last year.
- Staff received regular training in subjects the provider considered mandatory. This included training in safeguarding adults, medicines administration and infection control. Staff were also provided with training specific to the needs of the people who used the service such as mental health and handling aggression.
- The senior support worker told us as they were family members, they did not have formal supervision. However, they said they met regularly as a group to discuss people's needs they may have, or any concerns about the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection in February 2018, we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People did not have regular opportunities to be involved in the service development. There were no meetings organised for them to participate in and share their views. However, the senior support worker told us people did not want to get together and only liked to have one to one meetings with staff. They assured us they met with individuals regularly to discuss their needs or anything they wanted to raise. However, as the meetings were not recorded it was difficult for the provider to monitor people's responses and ensure they were developing a quality service which reflected people's needs and choices.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted by staff and we could see they were treated kindly and respectfully. However, people's independence was not always promoted. People's independence was not addressed in their care records and ways to promote their independent living skills had also not been identified in term of what people needed support with, to become more independent. For example we observed people were not always encouraged to contribute to the chores and other household work at the home as the registered manager provided food and drinks to people without ascertaining if people could do this for themselves.
- We saw in a staff meeting in February 2022 mentioning the need to try to encourage one person to be more active and participate in the running of the home. The provider was not able to demonstrate that this had happened or how this was going to happen.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service were treated kindly and respectfully. We did not see people waiting for support and staff responded in a caring way when people needed assistance. Staff were attentive and offered people a choice of snacks and drinks throughout the day. People appeared to be comfortable with the staff and had a good rapport.
- The staff were aware of people's needs, routines and behaviour and were able to explain how they supported different people. Care notes were recorded daily and included details of each person's wellbeing and their activities for the day. We saw these were written in a person-centred way.
- One person's care plan contained details of their cultural backgrounds, and their particular wishes they had in relation to this. For example, they had not attended church for many years but had been given the opportunity to do this. The other two people did not have details of this as they did not have a care plan in place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection in February 2018, we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support; Meeting people's communication needs

- People's needs were not always assessed and planned for. One person who had moved to the service in April 2022 did not have a pre-admission assessment or care plan in place. Their care file contained documents from their previous care provider, and although these were comprehensive, we could not be sure they reflected the person's current needs and how staff were to meet these. Another person, also moved to the service in April 2022, had a care plan in place but this lacked information and did not always reflect their needs. This meant there was a risk the staff would not have all the necessary information about the action to take to meet people's needs in line with their wishes.
- We discussed this with the registered manager who said, "I think it is because we know people well and we know their needs, so we don't think how important it is to have a care plan." However the fact that people's care was not designed and recorded in a person centred way meant there was a risk that people might not receive care and support that met their needs in line with their wishes.
- People who used the service were not always supported to undertake activities of their choice and they did not have a plan reading their social and recreational needs based on their preferences and likes and dislikes. Only one person had an activity timetable in place which specified how they wanted to spend their time on a daily basis.
- The timetable listed from 11.30am to 12.30pm as 'In house exercises'. However, this did not happen on the day of the inspection, nor were there records to show this happened daily. The registered manager told us this did not happen every day but was not able to explain what activities were offered when this did not take place.
- Between 2pm and 3pm, the timetable specified, 'watch TV, films, read or participate in activities of own choice'. Afternoon and evening listed, 'free time' and 'leisure time', although this did not specify what this might mean. There were limited records to show what people had done during these times and the registered manager did not demonstrate a good understanding of how people liked to spend their time or their hobbies and interests.
- On the day of the inspection, people were not supported to undertake any activities, and the staff did not ask people what they wanted to do.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Only one person had a care plan in place which contained information about their communication needs, so we could not be sure other people's communication needs had been assessed with actions identified so the needs were consistently met.
- Staff received end of life care training. One person's care plan included a section about end of life care and stated the person's wishes in relation to this. There were no records to show other people had been consulted about their wishes and preferences should they become unwell . However, nobody was receiving end of life care at the time of our inspection.

The provider had not ensured people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person who had lived at the service for several years had a comprehensive care plan in place, and this was up to date and regularly reviewed.
- We observed positive interactions between staff members and people who used the service. The staff seemed to know what people meant according to their body language and met their needs when they required something. All three people who used the service were able to speak and understand English.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure, and this was available to people who used the service and others. The registered manager told us they had not received any complaints in the last year. However, they told us they would address all complaints in a timely manner in line with their policy and procedures.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection, we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No improvement had been made at this inspection and the provider remained in breach of regulation 17.

- The provider had processes for auditing and monitoring the quality and safety of the service. However, these had not been effective as they had failed to identify the issues we found during our inspection. Furthermore, audits and checks were irregular and some of these had not been carried out for several months.
- The provider's processes for the management of medicines had not been effective and we found issues with the recording and administration of people's medicines. The provider did not always carry out regular safety checks including fire safety checks and some people did not have PEEPS in place. They had failed to identify environmental and infection control concerns. The provider's processes had failed to identify that people's needs were not always met in line with their wishes and choices.
- At our last inspection, we found the staff did not always communicate effectively with each other, and some tasks were not completed in a timely manner, which put people at risk. At this inspection, we found this had not improved. The registered manager had little oversight and relied on the senior support worker to take the lead in all aspects of management.
- For example, the registered manager had not made sure a care plan was in place for a person who had moved to the service two months earlier, taking into consideration their needs and wishes and they had not identified risks to their wellbeing and safety and they had not put in place systems to mitigate these.
- We found issues noted at previous inspections during our visit, such as concerns regarding the safe management of medicines, care planning and risk management which had not been addressed. This meant the provider did not consistently learn lessons from mistakes and did not consistently embed any improvements they had made to the service as a result.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service.

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

- The provider attended regular meetings and forums organised by the local authority. They also belonged to a social media group for managers to enable them to communicate, ask questions or share information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection, the provider told us people who used the service were able to voice their thoughts and opinions through individual discussions but there were no records of these. At this inspection, this was still the case. This meant we could not verify if and when these took place.
- There had not been any quality questionnaires completed by people who used the service since our last inspection.
- The senior support worker told us there were regular staff meetings where relevant issues were discussed and showed us the minutes of these. People were not involved in these meetings as they did not wish to meet as a group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff supported each other and worked as a team. There was continuity of staff and a family atmosphere which helped make people feel safe and secure. People were not able to speak with us on the day of our inspection. One person had lived at the service for a long time and had previously told us they were happy at the home and felt well cared for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility and were open and honest where we identified shortfalls during our inspection. However, because their monitoring systems were ineffective, they did not always identify shortfalls themselves, therefore they failed to take appropriate action, notify the relevant agencies and make the necessary improvements.

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 15 HSCA RA Regulations 2014 Premises and equipment The registered person had not ensured all premises and equipment used by the service provider was clean and properly maintained. Regulation 15 (1)

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not ensured the care and treatment of service users was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9 (1)</p> <p>The registered person had not carried out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.</p> <p>The registered person had not designed care or treatment with a view to achieving service users' preferences and ensuring their needs are met.</p> <p>Regulation 9 (3)</p>

The enforcement action we took:

We have imposed positive conditions on the provider to improve care planning at the home so that it is more person centred

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not made suitable arrangements to ensure that medicines were managed safely</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving the care and treatment</p> <p>The registered person did not do all that is</p>

reasonably practicable to mitigate any such risks

The registered person did not always assess the risk of, and preventing, detecting and controlling the spread of infection, including those that are health care associated.

The registered person had not ensured that timely care planning takes place to ensure the health, safety and welfare of the service users.

Regulation 12 (2)

The enforcement action we took:

We have imposed positive conditions on the provider to improve the way they manage risks to people

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

The registered person did not maintain securely and accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17 (2)

The enforcement action we took:

We have imposed conditions on the provider to help them improve their quality assurance and governance processes.