

GCH (South) Ltd

Kent House

Inspection report

Augustine Road
Harrow
Middlesex
HA3 5NS

Tel: 02084214550
Website: www.goldcarehomes.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 and 26 September 2018 and was unannounced.

The last inspection was carried out in December 2017. The overall rating for the service was Inadequate. We found the provider was in breach of Regulations 12 (safe care and treatment), 9 (Person Centred Care) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During our comprehensive inspection in September 2018, the home demonstrated to us that improvements had been made. The home is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Kent House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Kent House is registered to accommodate a maximum of 40 people with dementia. At the time of our inspection 28 people were living at the home.

A registered manager was in post. 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.

Overall there was a system to ensure that people were safe and protected from abuse. Staff knew how to recognise abuse and how to report allegations and incidents of abuse. There was evidence risks to people had been identified and assessed. However, we found the content and quality on some of the risk assessments to be variable. In some examples, risk assessments had understated risk. Although there had not been any immediate effects, this potentially posed a risk. Safe recruitment procedures were in place. We saw that pre-employment checks had been completed before staff could commence work. There were sufficient numbers of staff to support people to stay safe. We also saw there were systems in place to protect people and staff from infection. There were suitable arrangements for the recording, administration and disposal of medicines.

Staff had not received regular supervision and appraisal. Furthermore, although staff had received relevant training, we found that their capabilities were not assessed to ensure that they could effectively use relevant tools to identify adults at risk of malnutrition. Since the previous inspection, improvements had been made to ensure people were supported to have choice and control of their lives. Their care records showed relevant health and social care professionals were involved in their care. The home was working within the principles of the Mental Capacity Act 2005 (MCA). Care records held best interest decisions including details of people's relatives who were involved in the decision-making process. The home also followed the

requirements of Deprivation of Liberty (DoLS), which meant that people were not deprived of their liberty unlawfully. There were arrangements to ensure that people's nutritional needs were met.

People's privacy and dignity were respected. Staff understood the need to protect and respect people's human rights. We saw they had received training in equality and diversity. People's spiritual or cultural wishes were respected. Representatives of local churches visited the care home regularly for prayers with people. People received compassionate and supportive care when they were nearing the end of their lives. Selected staff had attended 'End of Life Care Champion' and a 'Palliative Care' training provided by a local hospice.

Improvements had also been made to ensure people received personalised care. Most people told us they were listened to and that staff responded to their needs and concerns. The service undertook a pre-assessment of people's needs prior to them moving to the home. This assessment informed people's care plans. The service ensured that the communication needs of people were assessed and met. However, information for people with dementia was not provided in an accessible way. There were appropriate arrangements in place to meet people's social and recreational needs.

We found that the registered provider had made improvements in their quality monitoring systems. However, these improvements were not sufficient to address the breaches in legal requirements identified at the previous inspection. Although the service monitored the quality of the service, this had failed to identify the shortfalls we found. We also found that the service had failed to act on information gathered to improve the quality of the service provided. Therefore, the provider remained in breach of relevant regulations.

During this inspection we found two 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. Full information about CQC's regulatory response to any concerns found during inspections is added to reports 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?

The home was not safe.

We found that action had been taken to improve the safety to people who used the service. However, we found that the service understated risk in its assessment of nutritional risk. This potentially caused a risk as appropriate action might not have been taken where risk was understated.

People received medicines they were prescribed and staff had received relevant training to ensure they administered medicines safely.

There were sufficient numbers of staff to support people. However, we judged staff could be deployed more effectively.

People were protected from abuse and avoidable harm. Staff had received training about safeguarding.

Requires Improvement 

Is the service effective?

The home was not consistently effective.

We found that action had been taken to improve the application of Mental Capacity Act 2005.

People were supported by external healthcare professionals who provided staff with guidance.

Staff now received training to meet the needs of people using the service. However, their capabilities were not assessed to ensure that they could effectively use relevant tools to identify adults who are malnourished, at risk of malnutrition, or obese.

Staff did not receive regular supervision and appraisal.

People had access to food and drinks. They could choose what they ate.

We made a recommendation that the service seek advice and guidance from a reputable source regarding creating dementia friendly environments.

Requires Improvement 

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs.

People were supported to be actively involved in choices around their care. Their religious and cultural needs were now supported.

People received compassionate and supportive care when they were nearing the end of their lives.

Is the service responsive?

Requires Improvement ●

The home was not always responsive.

Although we found that action had been taken to ensure people's care was person centred, more improvements were required meet the needs of people with dementia.

Care plans provided sufficient detail about people's care and support needs and how this was to be delivered by staff.

People were involved in the development of their care plans. Their care plans had been regularly reviewed and updated to ensure they reflected their changing needs and wishes.

People were now engaged in meaningful social activities throughout the day.

Is the service well-led?

Requires Improvement ●

The home was not well led.

The provider had made improvements in their quality monitoring systems. However, quality audits were not fully effective at identifying the shortfalls in the service we found during our inspection.

Kent House

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 25 and 26 September 2018. The inspection was carried out by two inspectors, a specialist advisor, pharmacist and an Expert by Experience (ExE) who had experience of care services for older people and people living with dementia. An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with eleven people using the service to obtain feedback about their experiences of the service. We also spoke with relatives of seven people. We spoke with the registered manager, regional manager, deputy manager, quality lead, team leader and seven care workers. We examined ten people's care records. We also looked at personnel records of eight care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including quality assurance processes, to see how the home was run.

Is the service safe?

Our findings

At our inspection in December 2017 we found the service was not safe and we rated the provider as 'Inadequate' in this key question. We found risks to people's health and safety were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the provider had made some improvements, however, there were areas that still required improving.

At our previous inspection in December 2017 we found that not all risks had been identified or suitable control measures put in place to mitigate the risk of harm for people using the service. We found that the risks associated with diabetes and anticoagulant medicines had not been effectively managed.

At this inspection we observed improvements had been made to medicines management. For example, care plans now contained risk assessments for all people on high risk medicines such as warfarin, insulin, and new oral anticoagulants (NOACs). We also saw that anticoagulation books were present and up-to-date for all people on warfarin, with regular monitoring of INR (international normalized ratio) recorded. An INR is a test that measures how quickly blood clots. People who take anticoagulants (blood thinners), are required to have a regular test. We also found that diabetic care plans were now in place. These contained sufficient information on how to manage low and high blood sugar episodes.

People told us their medicines were administered safely. All staff members had undergone the relevant training for medicines administration. Certificates of training for medicines administration in the last year were observed. Similarly, competency assessments of those trained to administer medicines were also observed. We asked people if they received their medicines regularly and they told us, "Yes, definitely; we get the medicine on time." A relative told us, "Absolutely, my relative receives their medicines regularly."

Medicines, including controlled drugs (CDs) were stored securely and we saw evidence of appropriate stock balance checks. Locked medicines trolleys were kept behind locked doors and chained to a permanent part of the infrastructure. Running balance of CDs were checked at random and were correct. Daily log of fridge temperature was recorded and in range.

We reviewed a sample of medicine administration records (MARs). Staff signed the MAR after administration or recorded to show that medicines were not given. This assured us that medicines were given as prescribed and were available. Clear documentation demonstrated that audits by a pharmacist had taken place approximately every six months. The audit finding showed no significant issues around medicines management.

We looked at a sample of care records and found that some improvements had been made to some risks assessments and management plans. People at risk of developing pressure ulcers had been assessed by a tissue viability nurse (TVN) and a plan of care put in place. The assessments described measures to be taken to ensure people were safe. In good examples, there was appropriate planning around use of pressure relieving cushions and mattresses, including repositioning regimes. However, in other examples, we found

that turning charts were not consistently completed. Individual staff we spoke with confirmed that they were delivering the care as required, though they did not always document it. This posed a risk, as it meant one could not be certain that this was followed consistently. We spoke to the registered manager about this and judged this to be a recording issue rather than actual checks not being undertaken. We saw that no one at the service had developed pressure ulcers, which confirmed that preventative care was being delivered as explained by the registered manager. However, this omission potentially still caused a risk.

Likewise, risk assessments were now in place for areas such as nutrition, falls, pressure area care, and mobility. However, we found the content and quality on some of the risk assessments to be variable and, in some places lacking all the necessary information. For examples, some MUST scores had been incorrectly calculated, by this means, understating risk. MUST (Malnutrition Universal Screening Tool), is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. Although there had not been any immediate effects, this potentially posed a risk. However, all staff, including the kitchen staff had knowledge of which people were on fortified or special diets and could explain in depth about fortification strategies and how extra calories could be added to the diets of those who needed them. However, this miscalculation potentially still caused a risk as appropriate action might not have been taken where risk was understated.

People told us they felt safe using the service. Safe recruitment procedures were in place. This ensured all pre-employment requirements were completed before new staff commenced their employment. At least two references were in place for all staff. A Disclosure and Barring Service (DBS) check had been completed prior to staff commencing work. DBS checks help employers make safer decisions about recruitment. When necessary the service had carried out further risk assessments if criminal information was disclosed on a DBS check. We discussed with the registered manager the need to verify gaps in employment. This was prompted by one isolated example where we found a gap in employment between 1981 and 2003. This was later verified and did not require further action.

People were protected from the risk of harm and abuse. There was a safeguarding policy and procedure together with contact details of the local authority. Staff could tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, the local authority or Care Quality Commission (CQC).

We spoke with people and their relatives about staffing levels. They reported improvements in staffing levels since the deployment of the new registered manager. One relative told us "There is now [more staff]. There never used to be sufficient staff. Since new manager took over the number of staff increased." This was a view shared by most people. However, some people also reported that they could do with more staff. Our observations were that there were sufficient staff though they might have needed to be deployed more effectively.

The fire risk assessment for the service was up to date and reviewed annually. Each person had a personal emergency evacuation plan (PEEP). This gave guidance to staff to ensure people's safety was protected during the evacuation of the home in the event of fire or other emergencies.

We saw evidence there was a clear process in place for reporting and dealing with incidents and accidents. All incidents were logged and discussed at management meetings. The reporting process involved, completing a form, reviewing of the report and then if required actions added by the home. The home undertook a reflective practice for each incident to ensure continuous learning.

The home was clean. Staff had completed infection prevention and control training and they understood

the importance of infection control measures. They used personal protective equipment such as vinyl gloves and other protective measures when handling food or completing personal care tasks.

Is the service effective?

Our findings

At our inspection in December 2017, we found that the service was not effective and we rated the provider as 'Requires Improvement' in this key question. This was because people's immediate and ongoing medical needs were not fully assessed and addressed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the service had made some improvement but further improvements were still needed.

We asked people if they thought staff were knowledgeable about their needs and required support and we received largely positive feedback. One person told us, "Yes, staff are knowledgeable, they keep an eye on you." This was also confirmed by relatives we spoke with.

Staff joining the service, completed a 12-week induction programme to familiarise themselves with the people living at the home, the premises and working practices. There was evidence that new staff had completed the Care Certificate. This is a nationally recognised care industry induction training which sets the minimum standards of knowledge and competence that staff should achieve on completion of the course.

Staff were further trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Training records confirmed that staff had received mandatory training in topic areas such as, safeguarding, medicine administration, Mental Capacity Act 2005 (MCA) and DoLS, moving and handling, health and safety and fire awareness, food hygiene, first aid, infection control and dementia awareness. Staff also completed specialist training in areas which included, dementia awareness, diabetes and pressure ulcer management. Training records also showed that staff had completed competencies in key areas, including safeguarding, medicine administration, mental capacity, moving and handling and pressure ulcer management. However, we found that staff capabilities were not assessed to ensure that they could effectively use relevant tools to identify adults who were malnourished, at risk of malnutrition or obese.

Staff did not receive regular supervision and appraisal. The provider's supervision policy and procedure, stated that staff would receive supervision at least every two months. Of the eight supervision records reviewed we found, half had not received supervision between February and July 2018. The provider's appraisal policy and procedure stated that each staff member would undergo a formal review of job performance every six months. However, we saw that staff appraisals had yet to take place for most staff. The registered manager told us that this had not taken place due to other competing priorities and staff changes.

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

At our previous inspection in December 2017, we found that people were not always supported to maintain their health and wellbeing. Whilst we saw that people were referred to health and social care professionals,

their advice was not always followed. During this inspection we found that people's health care needs were now being monitored and any changes in their health or well-being led to a referral to their GP or other health care professionals. We saw evidence that referrals had been made to GP, speech and language therapists (SALT), dietitians, chiropodists, and other healthcare professionals.

People who were living with conditions such as dementia did not have a detailed dementia care plan. Although the service had made a few adaptations to the environment, these were not used effectively. For example, the orientation board displayed a wrong date. The environment was not adapted to support reminiscence by way of memory boxes, pictures of the local areas and favourite pastimes of people receiving support. There were no items of familiarity in place to support people living with dementia to understand their environment. There were no dementia friendly bathrooms or signage, dementia friendly crockery and dinning equipment was not available. There were no contrasting handrails, toilet seats, or door frames to assist with perception of space.

However, following this inspection the service sent us photographic evidence that some improvements had been carried out. The service had also followed advice on seeking help from other providers in order to create a dementia friendly environment.

We recommend that the service seek advice and guidance from a reputable source regarding creating dementia friendly environments.

We asked people if their healthcare needs were met. People told us, "Staff keep an eye on you." A relative told us, "Yes my relative's care needs are met."

We observed lunch time at the home. There was a pleasant atmosphere with people provided with an appropriate mix of supervision and assistance where required. Most people told us they liked the food they were offered. We asked if they were offered a choice on what they liked to eat. One person told us, "The food is excellent. We get a choice of breakfast. I had porridge with kiwi this morning in bed. You get a choice of two dishes at lunchtime." A relative said, "Yes, but I think it could be a little bit varied. My relative could have more rice based food and not always English food."

We found people were being supported to eat and drink and there was a system in place of recording their nutritional requirements. People who required weekly or monthly weights were being weighed accordingly. Although some MUST scores had been incorrectly calculated, the nutritional needs of relevant people were met. However, more could have been done to make meals more varied. For example, the service had people from a variety of backgrounds including Afro-Caribbean, however, there were no menu plans that demonstrated their choices for food were being met.

We also 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. The 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We saw that if people lacked mental capacity to make specific decisions, where relevant, their relatives were involved in the best interests decision. Care records noted whether people had capacity to make decisions

about their care. The registered manager told us they always assumed people had mental capacity to make their own decisions. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided.

Conditions on authorisations to deprive people of their liberty were being met. We saw from records that 16 people who lived at the home were subject to a DoLS authorisation. We also saw evidence a further three had been applied for and were awaiting review by the local authority.

Is the service caring?

Our findings

We found that the service was caring. People we spoke with were happy with the care and support they received. When we asked if staff were caring, people told us, "Very much so."

The registered manager and staff had a good understanding of protecting and respecting people's human rights. They had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. They were aware of people's right to privacy, dignity and respect. The service had relevant policies in place, including, coverage of the Equalities Act 2010. We asked people if their privacy and dignity were respected. One person told us, "Yes, my privacy and dignity are respected", as did the other people we spoke with. Relatives gave similar feedback. We observed staff knocking on people's doors before entering. They also closed doors when they were attending to people's care.

The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

We asked people if their cultural and spiritual needs were respected and they told us that they were supported to worship if they wished to. Representatives of local churches visited the care home regularly for prayers with people. People's feedback included, "The priest comes every week, he holds a little service. On the first Sunday of every month someone from the Church comes in to sing hymns and prayers", "When it was our Diamond wedding anniversary staff went over the top to celebrate. The music man came in and they invited over 40 people from our Church" and "Visitors from the Church come in occasionally." There were also some people from Hindu and Muslim background. However, we were told they did not practise. The home was aware of the needs to offer support should they wish to practise in any way. However, we felt that the variety of food being served at the home could be improved to accommodate various ethnic backgrounds.

We observed staff being kind to people. One staff went around with a drinks trolley after taking the lunch orders. They asked people what they wanted to drink. There was a choice of different cold drinks on the trolley. We observed staff speaking with people in a kind and respectful way. However, we also observed instances when staff were task oriented. In one example, a member of staff came over to help a person to cut her food up. Later the same member of staff came back and fed the person a mouthful of food, from a standing position, some of the food fell off the fork. Later the member of staff came back to feed the person again. In between she helped someone else to be fed. We judged this to be an isolated incident that was related more to staff deployment than lack of care and staff shortages. The registered manager acknowledged that there was a need to review their staff deployment during busy times.

People received compassionate and supportive care when they were nearing the end of their lives. Selected staff had attended 'End of Life Care Champion Training' and a 'Palliative Care' module provided by St. Luke's

Hospice. This helped staff to identify the needs of people at each stage of their life, assess their needs, wishes and preferences, and to plan care on that basis. One healthcare professional told us, "The home has made a lot of improvements in palliative care. The staff are caring and empathetic." The Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place for those who had made this choice and this was highlighted in their care plans. All DNACPR paperwork was well written and demonstrated choice and relatives wishes where appropriate, signed by a GP and staff nurse.

Is the service responsive?

Our findings

At our inspection in December 2017, we found that the care needs of people were not always fully assessed and planned for. This was a breach of Regulation 9 (Person centred care) Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was meeting the regulations, however further improvements were needed.

People told us they were listened to and that staff responded to their needs and concerns. People told us, "Our choices and preferences are responded to." Relatives we spoke with agreed with this. One relative said, "[My relative's choices and preferences are responded to]. He can get a choice of drinks."

The service undertook a pre-assessment of people's needs prior to them moving to the home. This assessment informed people's care plans. The format for care plans included sections to be completed for specific areas of need. There were corresponding detailed risk assessments. We found the content of the care plans to be detailed and person centred. Even though records viewed could not always confirm that care was being delivered as stated, our discussions with people, staff and managers verified that people's needs were being met. For example, people at risk of developing pressure ulcers, or at risk of malnutrition had not been exposed to this risk because their needs were still being met.

The service was meeting the requirements of The Accessible Information Standard (AIS). As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required to meet people's information and communication needs. The registered manager was aware of the AIS and a policy was in place. The service ensured that the communication needs of people were assessed and met. People's care plans contained details of the best way to communicate with them and staff were following these. However, more could have been provided for people with dementia regarding their communication needs. We found information for people with dementia was not provided in an accessible way. There were no dementia friendly bathrooms or signage.

On the day of our inspection, there were appropriate arrangements in place to meet people's social and recreational needs. We spoke to people about activities on offer and they told us, "I think they are excellent, we have quiz games. The activities coordinator takes people to a coffee morning in the community centre", "I join in the activities singing, play readings and just socialising" and "Brilliant! The activities coordinator is very good. They get entertainers in." This was also supported by relatives who told us, "My relative is included in activities", "My relative has been given the role to water the garden which, he enjoys" and "The activities are good and varied."

There was a complaints procedure in place. This set out how people's complaints would be dealt with. There was a process for managers to log and investigate complaints including, recording actions taken to resolve complaints. We reviewed complaints received in the last 12 months and found that these had been responded to in a timely and appropriate manner. However, one person gave not so positive feedback relating to their relative's laundry. The person told us that their relative's laundry was being mixed up with others. We gave this feedback to the registered manager who was aware of it and making amends.

Is the service well-led?

Our findings

At our inspection in December 2017, we found that the service did not operate effective systems to monitor the quality and safety of the service. This is a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been carried out but these were not sufficient to address the breaches in legal requirements identified at the previous inspection.

We asked people if they thought the service was well-managed. They told us, "Yes, I would say so", "It's a very friendly service" and "I do think the service is well managed." A relative told us, "I think so. There is a good person in charge. The kitchen staff are very good. Whenever I come to visit, you are offered tea and biscuits" and "It is now well-managed." However, despite the positive feedback, we identified areas of practice in need of improvement.

The registered manager had acted to make the improvements in line with the requirements. The service had undertaken quality assurance audits to ensure a good level of quality was maintained. We found evidence of regular audits on medicines, infection control and health and safety. However, quality audits were not fully effective at identifying the shortfalls in the service we found during our inspection. For example, we identified that monitoring records were not always up to date and some MUST scores had not been calculated correctly. This had not been identified by any audits carried out by the service. Further discussions with the registered manager found that the issue regarding MUST scores had been raised by the local authority in May 2018. This meant, despite the quality audits not being able to identify shortfalls, the service had also failed to act on the information gathered to improve the quality of the service provided.

During our inspection, we also examined different records. These included, pressure ulcer turning charts and fluid intake charts. Some of these records were not always up to date. For example, turning charts for people at risk of developing pressure ulcers were not consistently completed. We also found the content and quality on some of the risk assessments to be variable and, in some places lacking all the necessary information. This meant some records relating to the care and treatment of some people using the service were not fit for purpose.

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

There were clear responsibilities, roles and systems of accountability to support good governance and management. The registered manager was supported by the deputy manager and team leaders in the running of the service. Staff confirmed they were clear about of their roles, responsibilities and the reporting structures in place, including for out of hours. The management team were experienced and familiar with the needs of the people they supported. They were familiar with important operational aspects of the home including the improvement programme of the home.

The service promoted an open culture by encouraging staff and people to raise any issues of concern. We saw that regular staff meetings took place and staff were free to express their views. We looked at a sample

of staff minutes and saw that they covered numerous topics including health and safety, people's needs and service improvements. We saw that the views of staff were taken on board.

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 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not operate effective systems and processes to assess, monitor and improve the quality and safety of the services provided.