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Epsom Lodge

Inspection report

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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 was an unannounced inspection that took place on 8 and 11 April 2016.

Epsom Lodge is registered to provide accommodation with care for up to 13 people. At time of our inspection on 8 April there were 10 people living at the home. Upon our return on 11 April 2016 there were 11 people living at the home. The majority of the people who live at the home are living with dementia, some of who may have complex needs. The service also provides end of life care. The accommodation is provided over two floors that were accessible by stairs and a lift.

At the time of the inspection Epsom Lodge did not have a registered manager 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.

The management of medicines required improvements. Although people got their medicines as prescribed, the conditions the medicines were stored in and how they were secured were ineffective.

People were at risk due to unsafe practices taking place. Although the provider had systems to ensure appropriate standards of cleanliness were maintained, best practices were not always followed for the prevention and control of infection.

There was an insufficient number of qualified staff deployed to meet the needs of all people who required care. Risk assessments were in place, however people were placed at risk of harm as appropriate guidance and best practice was not always followed.

Staff did not have a clear understanding of their responsibilities regarding the Mental Capacity Act or Deprivation of Liberty Safeguards. Where people lacked capacity they were not fully protected and best practices were not being followed in accordance with the Mental Capacity Act.

There were inconsistencies with how the home carried out their own pre assessments before people moved into the home and therefore they were not always robust enough. Pre-assessments assist the home to ascertain information about people's care and support needs and to assess whether they can meet the person's current needs. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information. Care records did not reflect up to date information regarding people's care or support needs which meant new or agency staff who did not know people might not be working to the most up to date information.

There were inconsistencies with the quality assurance systems in place, to review and monitor the quality of service provided. They did not always identify or take action to improve poor care practices. The

management and leadership of the home were ineffective. This meant that whilst there were arrangements in place to manage standards, people were not fully protected against the risks as there was no systematic approach to managing these.

People told us that they felt safe at Epsom Lodge. People told us, "I feel safe and the staff are good to me." Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from abuse.

Staff told us they had regular meetings with their line manager to discuss their work and performance. However, we reviewed the provider's records and there was not current information recorded about the discussions to show that staff had discussed their work practices, training and role with their managers. We have made a recommendation that the provider ensures that all support meetings are documented in line with best practice.

People had access to healthcare professionals and social care professionals. People were supported by staff or relatives to attend their health appointments. Although people's visits from healthcare professionals were recorded these were not integrated into people's care plans. We have made a recommendation that the provider ensures that all information from healthcare and social care professionals are documented in accordance with people's care and support needs.

People told us about the food at the home. One person told us, "The food is good here." People were provided with pureed meals, in accordance with their care plan, to reduce the risk of choking. People who were unable to eat independently were supported by staff. We recommend that the registered provider reviews and increases people's involvement and choices in meal planning.

We observed good examples of how staff knew and responded to people's needs. People were protected from social isolation through the support of relatives and staff. There was a lack of meaningful activities for people.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit. Staff told us they always made sure they respected people's privacy and dignity before personal care tasks were performed.

People told us if they had any issues they would speak to the manager. People were encouraged to voice their concerns or complaints about the service.

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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were at risk because procedures to prevent and control the spread of infection were not being followed correctly.

Medicines were not managed by staff in a safe way.

People were placed at risk as appropriate guidance and best practice was not always followed.

There was an insufficient number of qualified staff deployed to meet the needs of all people who required care.

There were appropriate checks undertaken to help ensure suitable staff worked at the home with adults at risk.

There were safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have a clear understanding of Deprivation of Liberty Safeguards (DoLS) or the Mental Capacity Act (MCA) or their responsibilities in respect of this. Mental capacity assessments had not been fully completed in accordance with current legislation.

People were provided with enough food and drink throughout the day and there were arrangements in place to identify and support people who were nutritionally at risk.

Staff were trained and supported to deliver care.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service were caring.

People's privacy were respected and promoted. Staff involved people and treated people with compassion, kindness and dignity.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were not fully assessed when they entered the service and then reviewed regularly.

There were inconsistencies with information about the care, treatment and support people needed and received.

People knew how to make a complaint of they needed.

People were not supported to participate in a range of activities.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were inconsistencies about how effective the management and leadership was.

Records were not always kept up to date or contained relevant information for staff.

Quality assurance checks were not robust or effective to ensure that the provider recognised what needed to be improved and then took action to make improvements.

People told us the manager and staff were very supportive and visible in the home.

Epsom Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 11 April 2016 and was unannounced. The inspection was conducted by two inspectors.

We spoke to six people who use the service, three members of staff, the manager and the providers. We observed care and support in communal areas; we looked at four bedrooms with the agreement of the relevant people. We looked at four care records, risk assessments, six medicines administration records, accident and incident records, minutes of meetings, complaints records, policies and procedures and external and internal audits.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This was because we inspected the service sooner than we had planned to. We also reviewed previous inspection reports and reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

Before the inspection we contacted the local authority safeguarding and quality assurance team. We also contacted the health authority, who had funding responsibility for people using the service. We contacted three social care professionals who visited the service to obtain their views about the service.

Our previous inspection of the service was in October 2013 where no concerns were identified

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with staff and living at the home. A person told us, "I feel safe here." Another person told us, "Staff are good to me." Although people felt safe we found that improvements were needed to ensure people were always protected from harm and risk.
Arrangements were not in place that ensured that there were sufficient medicines for people that needed them. Staff had let one person's medicine run out of stock and they had been without this medicine for seven days, which meant the person did not receive their medicine when required. There was no accurate recording of the issue, action taken, or the impact this omission would have on the person's well-being. Since the inspection the provider has informed us that all medicines are in place for people.

Peoples' medicines were not always stored safely. All medicines coming into the home were not always recorded and medicines returned for disposal were not always recorded in the register. We found prescribed and out of date creams in an unlocked cupboard that people could have accessed. There was inconsistencies in the way medicines were stored, although they were stored in two cupboards, one of the cupboards were not always locked. The cupboards were in a room that was not lockable. The temperature of the environment in which the medicines were stored in was not monitored or controlled to ensure they remained fit for use. After the inspection the provider informed us that a new lockable medication cabinet was in place.

There was a risk that people would not be provided with the right medicine as prescribed because staff did not have current information about people's needs in relation to their medicines. A medicines profile had not been completed for each person living at the home which would include information about allergies to medicines. Not everyone had a photograph on their medicine profile or MAR to ensure that staff were giving the medicine to the correct person. There were no individual PRN [medicines to be taken as required] protocols for each medicine that people took. These should be in place to provide staff with information about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. There was no guidance for staff around when people needed PRN medicines and the signs to look out for such as pain indicators.

For people who are self-administrating their medicines there was no individual risk assessment to find out how much support a resident needs to carry on taking and looking after their medicines themselves safely. The provider had not followed their own policy and procedure regarding the assessment of people who were able to self-medicate.

However we did find that only staff who had attended training in the safe management of medicines were authorised to administer medicines to people. When staff administered medicines to people, they explained the medicine to them and why they needed to take it. Staff waited patiently until the person had taken their medicines.

Failure to manage medicines safely was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of infection or cross contamination because of unsafe practices. Although the provider had systems to ensure appropriate standards of cleanliness were maintained, best practices were not always followed for the prevention and control of infection. There were no adequate systems in place for the cleaning of people's clothes and linen. The washing machine was in the same room where the medicines were stored and the room was also used as an office. There were no designated areas for dirty and clean clothes so people were at risk of cross contamination and the tumble drier was housed in a dirty garden shed.

There was no effective system in place for the disposal of clinical waste. Appropriate clinical bags were not used to disposal of clinical waste, instruction was provided in their own company policy which staff had not followed. The manager told us that staff should place clinical waste in 'double up bags', this was not being done, we saw single white bags being used by staff and they were not always sealed correctly.

There were environmental risks around the home that could harm people. The cupboard that contained products that were marked as 'hazard to people's health' such as bleach was unlocked and even when it was locked the key was easily accessible to people. There were several walking frames placed on the roof of a garden shed that housed the tumble drier and freezers which was a risk to people who used the garden. Clothes were left to dry in a cupboard that had a gas boiler in it, which presented as a fire hazard.

Staff did not have current information on how to support people in the event of an evacuation. We saw there was inconsistencies with 'personal emergency evacuation plan' (PEEP) for people living at the home, not all of those who required a PEEP were in place. Some PEEPs belonged to people who no longer lived at the home.

There were ineffective arrangements in place to monitor the care provided. Accident and incidents records were kept which contained a description of the accident. Each accident had an accident form completed, which included immediate action taken, and any further action taken. There was no analysis of these incidents and accidents completed to see if there were any trends that could be identified to help prevent these happening again. We reviewed the accident /incident investigation report dated 27 February 2016 and 12 March 2015, on both occasions where a person was injured, there was no investigation carried out. The report was difficult to read and therefore we could not identify the issues that caused the injury.

Failure to ensure the premises were safe for people to use was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw how the deployment of staff affected how people's needs were met. During both days of the inspection people had to wait for staff to become available before their needs were attended to. For example on the first day of our visit, there were only two members of staff on duty to provide care and support to 10 people, one of which required the support of two members of staff. The manager informed us that two members of staff had gone off sick and the providers who were also included on the rota were on annual leave. No suitable arrangements were in place to ensure that replacement staff were provided when these situations occurred. People had to wait 15-20 minutes before their lunch was served due to the levels of staff, during this time people started to become anxious. During both visits people came to us and asked where staff were as they needed assistance.

There were not enough staff deployed to meet people's needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always provided with the most up to date and accurate information around people's risks.

One person was registered blind. However their care plan referred to their condition as 'poor eye sight' it did not mention that the person was blind and did not reflect staff's knowledge of the person's needs or how they should properly and safely care for them. This meant new or agency staff who did not know people might not be working to the most up to date information.

Staff had been provided with information and guidance about how to manage other risks. Risk assessments provided details about the risk, and what actions to take to minimise the risk. People's care records included assessments for mobility, nutrition, hygiene, continence, and behaviour that may challenge. Where people had mobility needs or were susceptible to falls, information was recorded to help staff take action to minimise these risks. People had access to bathrooms that had been adapted to meet their needs; people had specialist equipment such as wheelchairs, specialist beds or bathing aids to use whilst having a bath or shower.

There was a company policy on safeguarding adults that provided staff with up to date guidance about what to do in the event of suspected or actual abuse. Staff told us that they had received safeguarding adults training. Staff knew what to look for and what to do if they suspected any abuse. A member of staff told us, "I would talk to my manager of any concerns I may have."

There was a staff recruitment and selection policy in place and followed. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provided proof of identification and contact details for references. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work at the service. Staff confirmed they were not allowed to commence employment until satisfactory criminal records checks and references had been obtained.

We observed information displayed regarding the Fire Evacuation plan on how people should be helped to safety. There was a business contingency policy in place; staff had an understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding.

Requires Improvement

Is the service effective?

Our findings

People's human rights could be affected because staff did not have a full understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. People should be enabled to make decisions themselves and where this was not possible any decisions made on their behalf should be made in their best interests.

Where people lacked capacity their rights were not fully protected and best practices were not being followed in accordance with the MCA. Where important decisions needed to be made there had not been a full mental capacity assessment completed to see if people could make the decision for themselves. For example where a person lacked capacity there was not a MCA best interest's decision for consent to care, managing finances or moving and handling.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm, and are the least restrictive option. The manager had not completed and submitted DoLS applications to the local authority for people living at the home despite possible restrictions in place.

Failure to gain appropriate consent in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite formal consent processes not being followed in full, staff obtained consent prior to support being given, we observed that staff checked with people that they were happy with support being provided on a regular basis and attempted to gain their consent. During our inspection staff sought people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People were supported by staff that provided care and support to promote a good quality of life. People felt that they were trained and had sufficient knowledge to keep people safe. A person told us, "Staff know me and they know how to help me."

Staff told us they had regular meetings with their line manager to discuss their work and performance. The manager confirmed that supervision took place with staff to discuss issues and development needs.

People felt their health needs were being met by the service. People had access to healthcare professionals

such as a doctor, district nurse, psychiatrist, and other health and social care professionals. People were supported by staff or relatives to attend their health appointments.

We asked people what they thought of the food at the home. One person told us, "The food is good here. " Another person told us, "The food is very enjoyable and I can have as much as I like." The chef prepared and cooked all of the meals in the home. People were able to make choices about their meals. During lunchtime a person did not want what was on offer and requested a sandwich which was provided. Drinks and snacks were available throughout the day.

Lunchtime was observed as a quiet occasion. People were able to choose who they sat with and some people enjoyed their lunch together in the dining room, whilst others were in their room. People were provided with pureed meals, in accordance with their care plan, to reduce the risk of choking. We observed the meals were well presented. People who were unable to eat independently were supported by staff. Staff confirmed that a dietician was involved with people who had special dietary requirements. There was information recorded about people's food likes and dislikes and preferences and these were taken into account.

Staff confirmed that a staff induction programme was in place. One member of staff said, "I attended safeguarding, health and safety, manual handling training." They went on to say "I am also studying for level three in health and social care." We found the staff team were knowledgeable about people's care needs, despite the lack of accurate up to date records to follow. Training was provided during induction and then on an on-going basis. Staff told us the training they received helped them care for people and meet their needs. The provider's records confirmed that staff had received training such as safeguarding adults; dementia awareness; food hygiene; health and safety and infection prevention and control and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Despite these courses being completed not all staff were fully aware of how to safely manage infection control or had an understanding of the MCA.

Good

Is the service caring?

Our findings

Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. A person told us, "I couldn't fault the staff; they're all really nice to me."

The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs.

People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was information in care records that highlighted people's personal preferences. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. We observed people's behaviour and how staff responded to help them calm down. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them.

Staff approached people with kindness and compassion. We saw that staff treated people with dignity and respect. Staff called people by their preferred names. Staff interacted with people throughout the day. For example when listening to music or watching television, at each stage they checked that the person was happy with their care. Staff spoke to people in a respectful and friendly manner.

People told us that staff treated them with respect and dignity and promoted privacy when providing personal care. When people needed assistance with personal care we observed that staff did this behind closed doors in bedrooms and bathrooms. People were able to choose if they wanted the door to their bedroom open or closed. We observed that care was given with respect and kindness. We also observed staff guiding people as they walked along the corridor and talking to them in a calm, kind and reassuring way.

People were involved in making decisions about their care. A person told us, "Staff always ask me when I want to move from my bed to my chair." We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks or meals. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

People were protected from social isolation because of this level of staff interaction and because families visited them. Relatives and friends were able to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs, because the provider had religious services held in the home and these were open to those who wished to attend. This demonstrated that care and support was provided with due regard for people's religious choices.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person told us, "They always make sure I am alright and I have what I need." They went onto say, "If I have any problems I let them know." Although people had positive views of their care and how responsive staff were we found improvements were needed to ensure people received a personalised service.

There were inconsistencies with how the home carried out their own pre assessments before people moved into the home and therefore they were not always robust enough. For example the home did not conduct a comprehensive assessment prior to a new person's admission.

Care records did not reflect up to date information regarding people's care or support needs which meant new or agency staff who did not know people might not be working to the most up to date information. Not all changes to people's care and support needs were updated in their care records. We noted that some of the information was not relevant to people's current needs. For example most of the people living at the home were living with dementia; however, there was no information about how staff should support them with this. Staff relied on their detailed knowledge of people to provide their care.

We noted that although activities took place, they were not delivered on a daily basis and there was no physical stimulation such as interactive tactile activities or textured surfaces around the home for people to interact with during the day when organised activities were not happening. The registered manager acknowledged that further work was needed to ensure people received stimulation and enjoyable activities. During our visits there were no activities taking place, although one person was doing a jigsaw puzzle.

Care and treatment was not always provided that met people's individual and most current needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information was obtained from health and social care professionals about people's care and support needs. Where information was recorded it included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information included people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information. The manager recognised that care plans required improvements so that they all contained this level of accurate, up to date and personalised information.

People confirmed they were involved in the planning and delivery of their care. Care records were reviewed and any healthcare visits, treatment given and instructions to staff were noted. We noted that some but not all visits to healthcare professionals were recorded in people's care records. Daily records were completed to record support provided to each person; however they were very task orientated. There was no information about people's interactions, activities or mood. This showed us that although there was up to date information about the support provided, the information was not person centred.

People told us that they received care and support that was responsive to their needs. The manager told us that a person was on end of life care but due to the care received they had improved to the point when they were no longer needing active end of life care. A person told us, "Staff are wonderful. They give you whatever you need." Staff took action to ensure people were comfortable. For example staff asked if a person was comfortable, staff were seen adjusting the cushions to make them more comfortable.

People were supported by staff who knew their care and support needs. Staff told us, "I would get to know someone by talking to them, reading their care plan, ask the manager and their relatives." They said any changes in someone's needs were reported to the manager to action, but all staff were responsible for keeping care plans up to date and this was not always happening.

People were aware of the complaints system and told us that they knew what to do if they needed to make a complaint. People told us that they did not have any complaints and that they felt comfortable to raise issues with staff. One person told us, "The Home is very nice and I can't complain at all." Information about the complaints procedure was displayed in the home that could help people if they were dissatisfied with the service. Staff told us that they were aware of the complaints policy and procedure. Staff we spoke with knew what to do if someone approached them with a concern or complaint. There had been no complaints recorded in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

We found areas of concerns during our inspection about how the service was managed. At the time of our inspection, the service did not have a registered manager. It is a condition of registration for a service to have a registered manager in post. Since the inspection, we note that no application to become the registered manager has been submitted to the Commission. The provider informed us that the last manager left prior to submitting an application to register.

Effective management systems were not in place to assess, monitor and improve the quality of service people received. No regular audits which covered areas of the environment, facilities, people's rooms, or care records took place. There were no audits conducted internally or externally by professionals to provide an overview of the safe management of medicines which would identify concerns or question practice techniques. Monitoring of systems in place would enable the provider to, identify, review and monitor areas for improvement.

There were no health and safety audits carried out by the manager or provider. The provider told us that although the hot water temperature was controlled there was no system in place to monitor the temperature of the water. Staff checked the temperature of the water before providing personal care but they did not record this. The provider told us that taps in the rooms were flushed once a week; there was no record of the checks carried out. This demonstrated that although some checks were being carried out they were not robust enough to ensure that people were not at risk of harm. Fire drills were carried out but there was no evidence of participants, at what time the drills took place or how long they lasted for. There was no record of any issues identified or reviewed to keep people safe.

We saw accident records were kept which contained a description of the accident, and if people required hospital treatment. Each accident had an accident form completed, which included immediate action taken, injury evaluation; follow up investigation and action taken. There was no analysis of these incidents and accidents completed to see if there were any trends that could be identified to help prevent these happening again.

The leadership was not effective enough to identify and correct poor practices. Staff had adopted practices that were not safe or in line with current legislation or best practices techniques. For example control and prevention of infection, safety in the home and management of medicines. Poor or unsafe practices could put people and staff at risk of harm.

Records were not always secure, accurate and were not always complete. For example people may have been having their medicines as prescribed but the MAR charts were not accurately completed to show this. The manager could not gain access to appropriate information necessary during the inspection. On our second visit we had access to the information. We raised this concern with the provider who stated they would ensure that the manager would be able to access relevant information. During our inspection we found inconsistencies with the information recorded and the storage and security of the records. Although there was a confidentiality policy in place. Care records and other confidential information about people

were not kept in a secure office. People could gain access to people's information as they were not stored securely.

Failure to have robust and effective monitoring systems and accurate records in place to protect people from harm was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that fire, electrical, and safety equipment was inspected on a regular basis. The fire alarm and emergency lighting were tested to ensure they were in working order to alert people of a fire and assist them during the evacuation. Weekly or monthly checks were carried out on specialist equipment people used such as wheelchairs and hoists to ensure they were safe and effective to use.

One person said, "The staff and management are so friendly." The manager had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them. People felt the manager was approachable and would discuss issues with them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider failed to ensure assessments carried out were appropriate, meet people's needs and preferences for care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent. The registered provider failed to gain appropriate consent in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (d) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment The registered provider failed to ensure the premises were safe for people to use. The registered provider failed to manage

medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance The registered provider had not ensured good governance in the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The registered provider failed to ensure there were enough staff deployed to meet people's needs.