

# Woodham Enterprises Limited

# Woodham House

# Daneswood

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This unannounced inspection took place on 14 and 29 August 2018. Woodham House Daneswood can accommodate up to 15 people. The service is situated in a purpose built large building with communal areas. People had their own bedrooms with en-suite facilities. Woodham House Daneswood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection eight people with a mental health condition lived at the service.

At the last inspection on 20 and 24 July 2017, we found that the service did not meet the fundamental standards. We found four breaches of regulations relating to the management of risks to people's health and welfare, fit and proper persons employed, person-centred care and good governance. We also made four recommendations about seeking and acting on people's views about their nutrition, access to areas of the home, managing complaints and person-centred planning. We requested the registered manager send us an action plan to tell us how they planned to make improvements to the service.

At this inspection we followed up on the breaches of regulations to see if the registered provider had made improvements as required. The registered manager had taken action to address some of our concerns from our previous inspection. We found action had been taken on meeting people's nutritional needs and managing complaints. But, we found continued breaches in person centred care, safe care and treatment and good governance. We found a new breach in staffing. We made one recommendation about seeking current guidance and best practice on infection control.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines for people were not always managed safely. People had their prescribed medicines. Staff had their competency assessed to ensure they were safe to administer medicines for people. There were systems in place for checking room temperatures, storage, ordering and disposal of medicines. However, we found medicine administration records were not always completed accurately.

There were not enough staff working at the service. Records also showed that the provider's recommended numbers of staff were not always on duty to provide people with safe care and support.

Pre-employment checks were not completed thoroughly to ensure the suitability of the staff working at the service. We found one member of staff provided inconsistent documents relating to their previous employment, identification and permission for the right to work in the UK. These concerns were shared with the registered manager.

There were systems in place to monitor and review the service. Audits of the service occurred on a regular basis. However, the audits did not find the concerns we found with some aspects of the service.

Care records did not contain end of life decisions. People did not discuss how they wanted the care and support delivered at that time. Staff had not completed end of life training or had developed knowledge of palliative care. But no one living in the service was receiving end of life care during the inspection.

People had some activities arranged for them. Staff supported people outside the service with attending activities they enjoyed. However, staff did not offer therapeutic activities that people could benefit from being involved in their home. The therapeutic area was locked during our visit so people did not have access to this area of their home.

The registered provider had a safeguarding policy. Staff followed this policy and process to protect people from harm and abuse. Staff managed allegations of abuse and reported them to the local authority for investigation.

Staff identified risks to people's health and wellbeing. Risk management plans were developed to manage and mitigate those identified risks for people.

Staff were supported with an induction programme, training, supervision and an appraisal. Staff records held copies of meetings staff had.

Staff understood the Mental Capacity Act 2005 (MCA) and protected people's rights. People gave staff their consent to receive care and support. Care documents were signed and agreed to by people or their relatives.

People had enough to eat and drink throughout the day. Meals were cooked on site by staff and some people cooked meals for themselves with the staff support. The menu was flexible enough to meet people's individual preferences and nutritional needs.

Staff attended to people's health care needs. People had access to health care services when their needs changes. People attended regular health care appointments and annual health care checks.

People said staff were kind and respectful to them. Our observations showed that staff had promoted people's dignity. The service had communal areas where people had the privacy they needed if they wanted some time alone or if they had visitors.

Assessments were completed with people and their relatives. Health and social care professionals were involved in their assessment of needs. These determined whether staff could manage people's needs appropriately.

There were systems in place for people to make a complaint about the service. People said they could discuss their concerns with a member of staff if they needed.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager kept CQC informed of events that occurred at the service.

Staff enjoyed working at service. Staff said the registered manager was supportive and listened to their views.

Staff developed relationships with voluntary, health and social care services, this helped people to receive appropriate and co-ordinated care.

You can see what actions we took 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 always safe.

People had their medicines as prescribed. However, medicine administration records were not always completed accurately. Medicine audits took place however, these did not find the issues we found with the medicine management records.

There were not always enough staff available to meet people's needs safely.

Safe recruitment processes were not always followed to ensure that only suitable staff were employed. The registered manager completed pre-employment checks however we found on one occasion a member of staff provided inconsistent information.

Staff understood the safeguarding policy. Staff followed the process to keep people safe from harm and abuse.

Staff assessed risks to people's health and wellbeing. Guidance provided in management plans helped staff to manage and mitigate those risks.

### Is the service effective?

**Good** 

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

People had access to food and drink throughout the day. Meals were decided with the input of people and included their preferences.

Staff had support through a programme of induction, supervision, training and an appraisal.

People's changing needs were met by support from health and social care services.

### Is the service caring?

**Good** 

The service was caring

People said staff were caring and supported them when needed.

People felt respected and their privacy and dignity was promoted.

### **Is the service responsive?**

The was not always service responsive

Staff knew who to contact if a person became unwell. People did not have activities provided in house that met their interests and hobbies.

The person-centred assessments considered people's needs.

Care plans contained guidance for staff on how to support people safely.

The complaints process was made available to people who were encouraged to make a complaint about their care.

**Requires Improvement** 

### **Is the service well-led?**

The service was not always well-led.

There were systems in place that monitored, reviewed and improved the service. However, these did not identify the issues we found.

Staff understood their role in the service.

Staff were confident in the registered manager and said they were happy to receive guidance and advice.

The registered manager sent notifications to the Care Quality Commission when important events occurred.

**Requires Improvement** 

# Woodham House Daneswood

## **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 14 and 29 August 2018. The first day of the inspection was unannounced and the second day was announced. The inspection team included an inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

We also completed general observations of the service, communal areas and the interactions between staff and people. We spoke with two people using the service. We spoke with the registered manager, project coordinator and two members of staff.

During the inspection we looked at three care records, four staff recruitment files, staff rotas, training records, and medicines records for all the people living at the service. We also looked at other records relating to the management and maintenance of Woodham House Daneswood.

After the inspection we requested and received feedback from two health and social care professionals.

# Is the service safe?

## Our findings

At our previous inspection on 20 and 24 July 2017 we found that medicines were not always managed safely and the procedures for reporting safeguarding incidents were not always followed. Risk management plans were not used to mitigate risks. Staff rotas showed that night staff were working excessive hours without adequate breaks in between shifts. In addition, we found pre-employment checks were not always robust and appropriate steps were not always taken to ensure the prevention and control of infection.

At this inspection we found some improvements were made. This was in relation to how safeguarding allegations were referred to the local authority for investigation. We also found risk management plans had improved so staff could appropriately mitigate risks. However, the registered manager had not taken sufficient action to fully meet all the breaches of regulations found at the previous inspection.

The provider's staff recruitment process was not robustly followed by staff to ensure only suitable people were employed at the service. Pre-employment checks were not always thorough, detailed or safe.

We found major concerns regarding one person's right to work in the UK permit, identification and their previous employer job references. The member of staff did not have a work permit or visa and the locations for the two job references they had listed did not exist, following our checks. We immediately showed the registered manager our findings who provided us with no explanation for what we found. We requested the registered manager undertake further checks and update us the next day. The registered manager sent us the updated information that included an undated right to work in the UK check, the two reference requests and the two references. This information was not satisfactory and did not demonstrate that appropriate checks had taken place. Therefore the provider was putting people at risk of harm because newly employed staff had not been through a robust staff recruitment process to ensure that they were suitable to work with people using the service.

The issues above relating to recruitment were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff records showed that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Records showed two members of staff had declared past criminal histories and the registered manager completed risk assessments to ensure they were safe to work with people.

Records also showed that the provider's recommended numbers of staff were not always on duty. We checked the staff rota within a four month period from May to August 2018. This showed that on 13 occasions one member of staff was working the night duty instead of the recommended two members of staff to ensure people needs were met during the night and so staff managed medicines safely. This meant that people did not have enough members of staff available to them to provide safe care and support.

The issues above relating to staffing were a breach of Regulation 18 of the Health and Social Care Act 2008



People told us they felt safe living at the service. Their comments included, "The staff are helpful", "No one here is a problem" and "Yes, I am safe here, I don't have any worries." Although people were positive about the service and felt it was safe we found the service was not always safe.

Medicines were not always managed safely. There were systems in place for the administration, storage, ordering and disposal of people's medicines. A local pharmacist dispensed and delivered medicines to the service for people. We checked medicines stocks and found these matched with what was recorded on people's medicine administration records (MARs). However, we found people's MARs was not always completed accurately. For example, staff had not recorded on a person's MARs when they refused a short term medicine or when the course of medicines ended. Another example we saw was an incorrect dose of 0.5mg transcribed onto a person's MARs instead of the correct prescribed dose of 5mg that was on the medicine packet. Also the instructions for staff was for the medicine to be given at lunchtimes, however the records showed that the person had one out of 14 doses administered at lunchtime. We immediately showed the registered manager our findings and they said they would investigate these issues. They told us it was an error. The registered manager arranged regular audits of medicines, however we found these were not effective because they did not identify the problems we found.

The issues above relating to poor medicines management were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff completed training and had their competency assessed in medicine management. Staff completed this to ensure they had knowledge and skills to safely support people with taking their medicines. People confirmed they had their medicines as required. One person said, "Yes, I get help with my medicines, I need that from staff."

At this inspection we found that regular safety checks were carried out at the service. The registered manager completed a fire safety risk assessment and audits at the service. Staff reviewed the fire safety equipment and ensured it was maintained and available for staff to use in an emergency. Staff showed us the fire exit which would be used in the event that an emergency evacuation was required. We saw the exit was blocked by two large bins and a discarded mattress and other rubbish. We immediately brought this to the attention of the registered manager who agreed to move those items. On the second day of the inspection we found the emergency exit was cleared and the dustbins were no longer blocking the fire exit.

People lived in an environment that was not always clean. We observed some communal areas and people's bedrooms were not always clean, tidy and clutter free. We saw some furniture in the service and communal areas that had dust on them and were visibly dirty. Staff told us that they carried out regular checks on the cleanliness of the service including people's bedrooms. People completed domestic chores as a part of their therapy. However, we noted and the registered manager told us that some people struggled with keeping their room clean and tidy. We found people would benefit from additional support from staff. We noted that the service needed some redecoration of the communal areas and minor repairs completed in the kitchen and in the therapeutic room. The project coordinator arranged a meeting so people could discuss the colours they wanted the walls painted and had made arrangements for the handyman to come to the service and carry out repairs.

Staff had cleaning equipment stored appropriately. There were mops and buckets used to clean different areas of the service. However, we noted a mop was left in a bucket of used water. This was not in line with the registered provider's infection control policy and placed people at risk of infection.

We recommend the service seeks guidance from a reputable source for advice on current infection control guidance and best practice.

We observed the garden was not well kept. The garden had two bicycles left in the garden until the grass had grown and covered them and used tea bags. There was no ashtray available for people to put out their used cigarettes so these were thrown into the garden. The garden wall was broken and a plastic pipe was coming out of the ground which were trip hazards. We pointed out these concerns to staff. The project coordinator arranged for the handyman to come to the service and make those repairs. On the second day of the inspection we found those repairs had been made, but a flower pot was being used as an ashtray. The project coordinator confirmed they would ensure that a suitable ashtray was provided for people to use.

The registered provider had safeguarding processes in place. At the last inspection the registered manager had not notified the local authority of a safeguarding incident that occurred at the service. Staff understood abuse and completed safeguarding adults training which helped staff manage concerns about abuse safely. There was a recent safeguarding allegation at the service. We saw staff managed this well and informed the person's GP and reported the incident to the local authority safeguarding team as required.

People's assessments identified risks and included management plans for staff. Staff looked at how people's health, mobility and mental health needs affected them. Each person had a risk management plan that guided staff on how to mitigate those risks. For example, where a person had risks associated with a medical condition the management plan described the person's health care needs, the warning signs that their health condition was changing and the support needed from staff to reduce the risk of deteriorating health.

## Is the service effective?

### Our findings

At our previous inspection on 20 and 24 July 2017 we found that people were not always involved in making choices about their meals. Staff did not always obtain people's consent for care and support and people's health action plans did not contain sufficient detail about their health needs and conditions.

At this inspection we found staff consulted with people to make sure they were involved in the development of the menu for the service. People discussed what meals they wanted to eat. People were supported to make their own breakfast and staff supported people to have lunch and evening meals. Staff used a menu tracker which had information about the meals provided each day, people's nutritional needs and the names of the people who had eaten meals at the service. The menus contained meals that met people's cultural needs. Staff prepared Caribbean and African meals and people enjoyed having a variety of meals available. People had access to food and drink as they wished. There was a food storage area but, we did find some of the foods used to prepare meals had passed their use by date. We pointed this out to the registered manager who was not aware that the vegetables best before date had expired from between two days to seven months previously. The registered manager arranged for the expired food to be removed.

Regular temperatures were taken of cooked food and the fridge and freezer. Guidance was available for staff on the action they would need to take when temperatures were outside the recommended ranges.

People gave staff their consent before staff supported them. We observed staff asking people for their consent. People told us that staff discussed their care and support needs and asked them for consent before supporting them. Care records showed staff discussed issues relating to people's needs because people signed a consent form to this effect.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities in relation to the MCA. Staff completed training in the MCA, which provided staff with knowledge of how to support a person who was unable to make independent decisions. The registered manager had not made any referrals to the local authority for a mental capacity assessment. All people living at the service could make decisions for themselves. The registered manager confirmed the action they would take to protect a person when they lacked the ability to make decisions for themselves through a mental capacity assessment and a best interests meeting.

People had access to routine healthcare services to ensure their healthcare needs were met. People commented, "Yes, when I am not well I go to the GP if I need to", "Staff take me to my appointments, I need that help" and "I can go to the GP myself." Staff contacted healthcare professionals to ensure people received the care and treatment they required. People had a review of their mental health needs to ensure people received the appropriate care and treatment. Each person had a health action plan. This detailed the person's medical condition or health concerns. When people had an appointment, this was updated by the

health or social care professional. Details of the health condition was included in the health action plan. This meant staff understood the condition and how it could affect the person they cared for. Some people in the service had diabetes. The registered manager arranged a workshop for people and staff to gain a better understanding of this illness and how to manage it to keep themselves well.

Staff were supported through an induction, training, supervision and appraisal. Newly employed staff were required to complete an induction programme. The induction programme provided staff with the opportunity to 'shadow' experienced members of staff. This enabled newly employed staff to become familiar with the service and gain confidence working with people. Staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This training gives employers the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe care and support.

Staff completed mandatory training so they had the knowledge to support people. The staff training matrix showed when staff had completed training courses and when training was due for renewal. Staff completed training in safeguarding adults, medicine management, basic life support and infection control.

There were systems in place for staff to have supervision and an annual appraisal. Each member of staff had regular supervision. Staff with their manager used these meetings to discuss their daily practice. The manager provided staff with advice and provided them with solutions to concerns they had in their job. Each member of staff had an appraisal. This meeting allowed staff to review their performance within the last year. This allowed staff to reflect on their role and to identify any areas for improvement. Staff and their manager contributed to the appraisal and these were signed by both the member of staff and their manager.

# Is the service caring?

## Our findings

People said staff were thoughtful and caring. People commented, "The staff are helpful", "The staff are very good" and "[Care worker] is helpful and gives me the support I need." During our general observations of the service people and staff engaged well. Staff were considerate of people's needs and assisted them when this was needed. People and staff related to each other in a friendly way.

People said staff were respectful and treated them well. Their comments included, "It's all good here" "Staff are alright they are respectful." When people needed their privacy, staff respected this and people moved freely around the service as they chose. Staff were mindful to keep details of people's care and support private. The registered manager and project coordinator discussed people's care needs and treatment with us in a private area of the service. This meant that our discussions were not overheard by people and people's confidentiality maintained.

People were involved in the development of their care plan. The person's needs were identified to help them to remain well. Care plans were developed with the input of people. A health or social care professional was often involved with the development of a care plan. For example, one person with a health condition had this monitored including the effects on their skin, on a regular basis. This ensured staff and an individual care plan to follow for people's specific needs. Copies of care plans were made available to people so they were familiar with the care and support they required. Care records also contained a copy of individual care plans. This ensured staff had accurate information about people's care needs.

Each person's care plan was reviewed on a regular basis. People, their relatives and health and social care professionals were involved in care plan reviews. This ensured people received the appropriate type and level of care to meet their needs and preferences.

People kept in touch with people that mattered to them. People were independent and able to go in and out of the service as they wished. Visitors, friends and relatives were welcomed at the service and visited people when they chose. Some people maintained links to their local community. People visited friends and family when they chose.

People attended monthly resident's meetings. These meetings were attended by people using the service and staff. Meetings were used to discuss and explore people's views of the service. People discussed the menu and the decoration of the service and gave their opinions of this. Staff recoded the meeting and the minutes were agreed and shared with people so everyone was aware of the discussion made.

Staff had access to local advocacy services to provide people with advice. Staff could contact local services if people required advocacy and individual advice. People also had the support of staff and relatives to advocate on their behalf if this was necessary.

## Is the service responsive?

### Our findings

At the last inspection people's individual needs were not always fully met. Staff did not fully explore how people were supported during their keyworker meetings to ensure that their needs were being met.

At this inspection we found action had been taken to make improvements at the service. However, further improvements were required to ensure that people's individual needs were fully met.

There was an activities programme in place for people. People's activity programme focussed on their clinical needs and managing their individual behaviours, there was a lack of activities that people chose to do because they enjoyed them.

Records showed that people had a choice about what activities that took place at the service. However, we found that the choices were limited and there was a lack of activities occurring in the home. On the feedback people completed about the service for the provider one person suggested they would like to be involved in cooking sessions at the service. The registered manager told us this activity was not occurring.

Following our inspection the project coordinator arranged a residents meeting. Staff discussed the activities with people. People made suggestions such as people engaging with each other, playing games, and watching movies together. The registered manager suggested people should make a list of films they would like to see so arrangements could be made.

One person had an activity that met their cultural needs. A person was referred to and attended a day centre. This service provides support to people from the African and African Caribbean communities, who have been experiencing mental health challenges. The person benefitted from attending this centre, they completed activities and could seek advice and support from the centre staff. However, we did not see any further referrals for people to services that met their religious or cultural needs.

People had access to newspapers which were available in the therapeutic area. But some of these were four months old, the registered manager said some people liked to read these newspapers. However, there was a lack in the variety of newspapers and magazines available for people to read or met their interests.

The issues above relating to people's care needs and a lack of meaningful social and leisure activities were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before people came to live at the service they had an assessment of their care needs. Senior staff completed assessments at the person's home or in the hospital. The assessments were completed with the input from the person, their relative and the health and social care professional involved in their care and support. Staff gathered people's views, including their care needs and their likes and dislikes. People's personal histories were also gathered. This ensured staff had the most accurate information about people that were going to live at the service. This information enabled staff to ascertain whether they could provide the required care and support for people. Following the assessment, people were also supported to visit the service for a trial

admission. This enabled people to decide if they wanted to live at the service.

People were involved in further care needs assessments when they began living at the service. These assessments were also used to develop a plan of care. Each care plan detailed the person's needs and the support staff would provide to help them maintain their health and wellbeing. Staff reviewed people's care needs when these changed. Records showed when people developed new health care concerns these were recorded. Staff updated people's care plans with the changes promptly. This ensured people's care needs were kept up to date and staff had the correct information on people's needs, so they received appropriate care.

People were supported to safely live at another service. Staff supported people with the transition to a low support service. Staff supported people to complete personal care, domestic chores and to be able to cook meals for themselves with support. Staff also completed a transition plan with people. This detailed the support people would receive at their new home. This plan ensured the person and health and social care professionals were aware of their support and care needs.

Staff had regular meetings with people. Each person had a key worker allocated to them. A key worker is a member of staff that helps people to coordinate their care. The keyworker works to manage systems relating to people's mental health needs, employment, education, social welfare, financial resources and recreation. Each month people met with their key worker. They discussed people's goal for the month and staff provided people with advice. For example, we saw one person who had planned a holiday with their family. We saw staff used the key worker session to discuss the preparation for the holiday and the management of the person's medicines. We saw staff had arranged a meeting with their person's family and a holiday planner and individual risk assessment was developed with them.

People's private information was documented in line with the Accessible Information Standard, for example providing documents using large print books to ensure these were accessible. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

The provider had a complaints policy in place. Records showed people were encouraged and supported to make a complaint about their care and support. People were confident to make a complaint if they needed. People commented, "I would talk to [member of staff]" and "I would complain to the manager." Staff understood the complaints policy and the registered manager had dealt with all complaints appropriately.

Care records did not address end of life care and there were no people who were being supported who needed palliative care. Staff had an awareness of how they would support a person at the end of their life. Staff had contact details of relatives or social care service to make arrangements for people at the end of life.

## Is the service well-led?

### Our findings

At the last inspection we found quality assurance systems were not robust because audits were not carried out consistently or had not identified issues we found. We found concerns in the quality of records in relation to medicines management, recruitment, infection control, care records, staff appraisals and staff working hours. People's views about their nutrition and complaints had not been managed well. People's movement within the home was restricted and staff had not discussed this or obtained their consent for this.

At this inspection we found some actions had been taken to make improvements to the service. However, further improvements were still required.

People said that they felt the service was managed well. People commented, "The manager is good", "All the staff are good" and "The manager is really good, he always talks to me." However, we found that the service was not always well run.

Quality assurance processes were in place at the service. Audits of meals, medicines management, care records, recruitment, infection control, nutrition and staffing levels were taking place. The registered manager had followed up on the feedback regarding meals for people. We saw a menu was developed with the support of staff and people. The menu was flexible enough for people to have choices for their meals. Each person was listed on a menu tracker. However, we found that staff completed and signed the menu tracker for 12 people. However, at the time of the inspection eight people were living at the service. The registered manager was not aware this error had occurred.

Staff completed audits of medicines management. Medicine stocks and systems of ordering and disposal of medicines were checked. The quality of the medicine administration records [MARs] were checked for their accuracy. However, we found errors in how staff transcribed the MARs. We found some care records were not personalised. This was in relation to people's activities planner. These showed that people in the service completed the same tasks daily and these were not personalised to include individual preferences or interests.

People had regular checks of their blood sugar levels and this was recorded. However, these records did not indicate the safe blood sugar levels or give staff guidance on what actions they needed to take if the levels were outside of the normal range. This could have serious implications on the person's health and wellbeing.

During the first day of the inspection we were told the staff records were not available. This was because the provider was auditing them. On our second day of inspection we reviewed each member of staffs recruitment records. We found that some staff had incomplete recruitment records, including job references for two members of staff. We also found one staff file did not have a work permit or valid immigration documents.



The registered manager had not taken sufficient action to support people to engage in meaningful activities of their choosing. People commented that they wanted to take part in activities in the service. At the time of the inspection we noted these were not happening. In the residents meeting in August 2018, people again commented that they were interested in undertaking some activities with each other. The registered manager agreed to look at people's suggestions and take some action to provide them.

The registered manager and staff had completed audits on the cleanliness of the service. The results of these noted that the service and environment was clean. During our inspection we noted the communal areas and people's bedroom were dusty and some areas visibly dirty.

We found the audits on staff records were not effective because they did not find the issues and concerns we found.

The issues above relating to record management were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place for monthly staff team meetings. The registered manager shared developments or changes in the service with staff. Staff were encouraged to share their knowledge and provide solutions to concerns or problems with colleagues.

The registered manager met their registration requirements with the Care Quality Commission. They notified us of incidents including safeguarding alerts and police incidents that occurred at the service as required by law.

People said they were asked to provide feedback about the service. There were systems in place for people to provide written feedback about the quality of care they received. The summary of the feedback showed people were positive about the service and staff and enjoyed living at the service, but wanted to do more activities in the service.

People's care and support was coordinated through partnerships and staff had developed positive working relationships with health and social care services. The registered manager similarly developed links with voluntary and charitable organisation. People benefitted from the links made with the Mental Health Activity Trust. This service helps and supports people with mental health conditions and helps people find paid or voluntary employment. Staff had also developed contacts with the Bromley, Lewisham and Greenwich MIND that supports people with mental health needs to improve their quality of life. The working relationships enabled people to receive appropriate care and advice in a timely way.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that the care of service users was appropriate, met their needs and reflected their preferences to demonstrate that care was appropriate.</p> <p>Regulation 9(1)(a)(b)</p>
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>Care and treatment was not always provided in a safe way for service users as the registered person did not ensure the proper and safe management of medicines</p> <p>Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance on systems or processes were not established and operated effectively to ensure compliance to assess, monitor and improve the quality and safety of the services provided and did not maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1)(2) (a) (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that all information specified in Schedule 3 was available in respect of each person employed.</p> <p>Regulation 19 (1)(3)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of service users.</p> <p>Regulation 18 (1)</p>