

The Christian Care Trust

Grace House

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

About the service

Grace House is a residential care home providing accommodation and personal care to eight people aged 65 and over at the time of the inspection. The service can support up to 10 people in one adapted building.

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

Risks to people had not always been assessed and action had not always been taken by staff to manage areas of risk safely. The provider had not always acted to reduce the risk of the spread of infection. Staff had not always complied with the requirements of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Staff had not always received up to date training in areas relevant to people's needs. There were shortfalls in the provider's recruitment practice because staff employment histories and the reasons for any gaps in employment had not been explored. The provider's quality assurance systems were not effective in identifying issues or driving improvements because they had not identified the issues we found at this inspection.

Medicines were safely managed although improvement was required to ensure staff had guidance on medicines that had been prescribed to be taken 'as required'. Staff were aware to report any incidents of accidents which occurred, but improvement was required to ensure these were consistently recorded and monitored. Improvement was also required to ensure a wider range of activities were made available to people which reflected their interests.

We have made a recommendation about the use of nationally recognised assessment tools when assessing people's needs.

People were supported to maintain a balanced diet. They had access to a range of healthcare services although improvement was required to ensure staff were proactive in following up on any outstanding healthcare referrals, they were aware of.

People told us staff treated them with care and consideration. Staff involved people in decisions about their support. They respected people's privacy and treated them with dignity. There were enough staff working on each shift within the home to meet people's needs. People were involved in the planning of their care. They had care plans in place which reflected their individual needs and preferences.

The provider had a complaints procedure in place and people knew how to make a complaint. People and staff spoke positively about the working culture of the service. The provider sought people's views about the home and people expressed confidence that any feedback they provided would be acted upon.

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 February 2019) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had not made enough improvements to address the previously identified breach. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the failure to assess and manage risks safely, reducing the risk of the spread of infection, failing to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), failure to have effective quality monitoring systems and shortfalls in staff training and recruitment.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grace House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Grace House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager, and two care staff.

We reviewed a range of records. This included three people's care records, three staff files and a variety of records relating to the management of the service, including medicine administration records, staff training information and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two relatives by email about their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection on 11 and 23 January 2019 we found improvement was required to ensure fire safety risks were consistently well managed. At this inspection we found the provider had acted to address these issues. However, we found other areas of risk which were not safely managed.

- Risks to people had not always been properly assessed. One person required occasional support involving the use of a hoist when transferring out of bed, but a moving and handling risk assessment had not been carried out and staff had no clear written guidance on how to manage this support safely. Another person had lost a significant amount of weight during the previous six months, but this had not been identified as an area of risk and staff had not sought advice from a dietician on how best to support them.
- Guidance on how to manage risks safely had not always been followed by staff. One person had been identified by a healthcare professional as being at risk from developing swollen ankles, but this was not covered in the person's risk assessments and there was no guidance in their care plan on how to manage this issue safely. Staff also described using unsafe moving and handling practice when supporting the person to get up out of a chair, which placed both them and the person at risk of injury.
- Risks relating to the home environment had not always been assessed. We found two radiators were not protected by covers and the provider had not carried out a hot surfaces risk assessment to ensure these didn't pose a risk to people living in the home. Risks relating to the use of equipment in the home had not always been identified, placing people at risk. For example, one person had bedrails attached to their bed, but the use of these had not been assessed. We noted that the rails were exposed rather than covered by bed rail protectors; this increased the risk of injury to the person, for example by trapping a limb between the rails when repositioning.

Risks were not safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection on 11 and 23 January 2019 we found a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always followed safe practices when recruiting staff.

At this inspection, we found that whilst the provider had made some improvements, they had not addressed all the issues identified at the last inspection, so remained in breach of Regulation 19.

- Whilst the provider had carried out checks on staff identification, criminal records checks and sought references from previous employers, we found there remained unexplained gaps in staff employment histories which needed explanation to comply with regulatory requirements.

This was a repeated breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us there were enough staff working on each shift to support them safely. One person said, "I think there are enough staff. I've never had any problems because there's always someone around." A relative told us, "Grace House has very high staff to resident ratio which was one of the attractive aspects of the home; the staff actively engage with the residents."
- We observed staff to be available to support people when needed during our inspection. They responded quickly when people needed support and worked without rushing.

Preventing and controlling infection

- The provider had not always acted to reduce the risk of the spread of infection. The home did not have an up to date legionella risk assessment in place and the provider had not carried out the routine checks identified by the Health and Safety Executive as being necessary to reduce the risk of legionella in care homes.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider confirmed they were in the process of addressing this issue following our inspection.

- In other areas, staff followed safe infection control practices. One staff member told us, "I always wear disposable gloves and an apron when supporting the residents." Another staff member described the procedures they followed for reducing the risk of infection when supporting people with their laundry.
- The home had a stock of personal protective equipment (PPE) available to staff when needed. People confirmed staff wore PPE whilst supporting them. Staff also routinely cleaned the home as part of their duties, and we received positive feedback from people and their relatives about how cleanliness was maintained.

Learning lessons when things go wrong

- Staff told us they were aware of the need to report any incidents or accidents that occurred. However, improvement was required to ensure incidents or accidents were reported consistently and reviewed for any potential learning.
- We found body maps identifying minor injuries that had not always been recorded formally as incidents or accidents. In one example, the person's daily notes confirmed that they had been taken to hospital following a fall, but this had not been recorded in the provider's incident and accident log so did not form part of any analysis of incidents and accidents within the home.

Using medicines safely

- People's medicines were safely managed, although improvement was required because staff did not always have guidance to follow on how and when they should support people to take medicines that had been prescribed to be taken 'when required' or with a variable dose.
- People had medicine administration records (MARs) in place which included a copy of their photograph and information about any known medicine allergies, to help minimise the risks associated with medicines administration. The MARs had been signed by staff to confirm the times at which medicines had been

administered. They had been completed correctly and showed the people had received their medicines as prescribed.

- Medicines were securely stored in a temperature-controlled environment to ensure they remained effective for use. They were only accessible to named staff who had received training in medicines administration and had been assessed as being competent to do so. The home also had systems in place for receiving and disposing of unwanted medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of the types of abuse that could occur and the action to take if they suspected someone had been abused. One staff member told us, "I would report my concerns to the manager immediately. I know I can also contact CQC myself if needed."

- The registered manager was aware of the process to follow to report any abuse allegations to the local authority safeguarding team in line with locally agreed procedures. They also knew to notify CQC of any allegations of abuse in line with regulatory requirements.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had not always followed the requirements of the MCA in making decisions in people's best interests. For example, staff told us they believed one person lacked capacity to consent to the use of the bed rails on their bed, but no mental capacity assessment had been conducted relating to this decision and there was no recorded best interests decision to demonstrate how the decision had been agreed.
- Another person's care plan noted that staff were required to support them with personal care, regardless of whether they consented to the support or not. Again, there was no mental capacity assessment or best interests decision documentation relating to this decision, which meant there was a risk of staff providing this support without meeting the requirements of the MCA.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst the registered manager was aware of the process of seeking authorisation to deprive people of their liberty under DoLS and had submitted authorisation requests where required during 2019, we found one person's DoLS authorisation had expired at the time of our inspection. The registered manager told us they still needed to submit a further application for this person.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, the registered manager confirmed they had submitted a further authorisation request for this person.

Staff support: induction, training, skills and experience

- Staff were not consistently supported in their roles through training relevant to people's needs. For example, we identified two people living at the home who required moving and handling support but moving and handling training was not listed as being required by staff on the provider's training matrix. The registered manager was unable to tell us when staff had last received moving and handling training. One staff member also described using unsafe moving and handling practice when supporting someone to mobilise.
- Staff had also not received training in the Mental Capacity Act 2005 (MCA), although records showed this area had been discussed as part of a staff team briefing. Two staff did not demonstrate a good understanding of the MCA and how it applied to their roles when supporting people

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

- Despite these issues, people and their relatives spoken positively about the competence of staff when supporting them. One person said, "They do a good job of looking after me." A relative told us, "I'm happy with the support the staff give [their loved one]; [They're] well looked after."
- Staff received an induction when they started working at the home. Staff new to working the adult social care were required to complete the Care Certificate during their first months of employment. The Care Certificate is the benchmark that has been set for the induction standard for staff new to social care.
- Staff were supported in their roles through regular supervision. One staff member told us, "We meet regularly with [a member of the management team], but they're always around if I have any questions or need help."

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

- People had access to a range of healthcare services, but improvement was required because the provider had not always engaged with healthcare services when needed, to ensure people received timely care and support.
- People told us they received support from staff where needed to attend healthcare appointments. One person said, "They [staff] accompany me to my appointments; we went to the optician's yesterday." Records showed that people had regular access to a range of healthcare services when required, including GPs, community nurses, dentists and opticians.
- However, improvement was required because the registered manager had not always followed up on healthcare referrals in a timely manner where appointments for people were outstanding. For example, records showed a healthcare professional had recommended to one person's GP that they be assessed by a Speech and Language Therapist (SALT) following a healthcare appointment in October 2019. We asked the registered manager if they had followed up on this recommendation with the GP and they confirmed they had not. Following our inspection, the registered manager confirmed they had since contacted the GP about this issue.

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

- People received an assessment before they moved into the home to help ensure their needs could be met. These assessments formed the basis on which their care plans were developed and these included information on the support people required in order to maintain good physical and mental health.
- We noted that the provider did not use any nationally recognised assessment tools when assessing people's needs. For example, they did not use available tools for assessing the risk of malnutrition or risks to people's skin integrity which may help inform the planning of their care.

We recommend the provider considers the use of nationally recognised assessment tools when assessing people's needs.

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

- People were supported to maintain a balanced diet. One person told us, "I really enjoy the food here, it's varied and very good." Another person said, "The meals are very good; I recently asked one of the staff to make a biryani which was great." A relative commented, "The meals and snacks are very good and wholesome. Drinks are plentiful and care is taken to present the meals well."
- People's care plans included information about their dietary needs and any support they required from staff. Staff involved in meal preparation were aware of any specific dietary requirements people had as well as their likes and dislikes.
- People were able to eat their meals in a communal dining area or privately in their rooms if they wished. Staff were on hand and available to support people with their meals when needed and we observed people eating in relaxed and friendly atmosphere.
- One relative commented they felt their loved one would benefit from being able to use adapted crockery and cutlery due to a health condition. They told us they had recently discussed this with the registered manager who was in the process of sourcing these items. We will follow up on this when we next inspect the service.

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

- The home had been adapted to meet people's needs. For example, a lift had been installed to enable people to move safely between floors of the home and some handrails were in place to assist people when mobilising.
- People were able to personalise their rooms with items of furniture or their own paintings and photographs. One person told us, "I've set my room up the way I like it and have everything I need here."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated kindly by staff. One person told us, "They [staff] are kind; they're patient and don't rush me when I need help with anything." Another person said, "The staff are all considerate and treat me well."
- We observed staff treating people with care during our inspection. Their interactions were friendly and familiar, and it was clear that people were comfortable in seeking their assistance. Where one person showed signs of confusion whilst being supported to mobilise, staff offered gentle encouragement and reassurance that was well received. Another person displayed signs of agitation but was calmed by the prompt response from staff.
- The registered manager told us the home was committed to supporting people's rights and staff were focused on promoting equality and diversity. Staff were available to support people attend their places of worship if needed and the home held a monthly spiritual service which people could attend. The registered manager also confirmed that the home was able to provide meals which met people's cultural or spiritual requirements, although these were not required by the current group of people living there.

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

- People were involved in making decisions about their day to day support. One person told us, "Staff offer me choices when helping me with anything." Another person said, "The staff ask me what I want help with; I'm not made to do anything. I choose when I get up and go to bed, and how I want to spend my days; the decisions are mine."
- Staff confirmed they involved people in making decisions whilst supporting them. One staff member said, "I offer people choices wherever I can and explain what I'm doing to make sure they're happy."
- We observed staff involving people in decisions about their care during our inspection. People chose how and where they spent their time and what they wanted to eat or drink. Staff described people's choices clearly to them and gave them time to decide and respond.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person told us, "They [staff] knock on my door before coming into my room and give me privacy when I need it." Another person said, "The staff are patient, polite and respect my privacy."
- Staff told us they knocked on people's doors before entering their rooms and made sure doors and curtains were closed when offering people support with personal care. We observed staff knocking on bedroom doors before entering people's bedrooms during our inspection.

- Staff supported people to maintain their independence. One staff member said, "I encourage people to do things for themselves. For example, [one person] is able to wash their face themselves if I give them a flannel." One person told us, "I like to do as much as I can for myself and am largely independent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us they offered a range of activities for people to take part in which included games, arts and crafts and activities in the garden in good weather. However, improvement was required to ensure activities relevant to people's interests were consistently offered to them.
- The feedback we received from people and their relatives on the activities available to them was mixed. One person told us they enjoyed using a computer and had one set up in their room which they used to pursue their interests which included graphic design. However, another person told us that whilst they enjoyed socialising with the other residents and reading, they could not think of any other activities being available to them in the home which they enjoyed. A relative also told us, "I would like to see more activities made available for the residents, although I know the manager is working on this."
- The registered manager confirmed they were looking at options to improve activities in the home which they would be discussing with people at the next residents meeting. We will follow up on the outcome of this at our next inspection.
- People were supported to maintain the relationships that were important to them. Relatives told us they were welcome to visit the home whenever they wished.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the planning of their care. One person told us, "We've discussed the support I want and need; the staff know me and my routine well." Another person said, "We talked about the areas I felt I needed help when I moved in. The staff know the things I need their help with."
- People had care plans in place which provided information for staff on the areas in which people needed support. They included details of people's preferences in the way they received support as well as information about their life histories and the things that were important to them. This information helped staff to better understand the people they supported and to develop strong relationships with them.
- Staff demonstrated a good awareness of the details of people's care plans and their preferences in the way they liked to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed they could make information available to people in a range of formats

which met their needs, if required including large font and pictorial information if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which gave information for people, relatives and any visitors and how they could make a complaint. People told us they knew how to complain and expressed confidence that any issues they raised would be addressed promptly by the registered manager.
- The registered manager confirmed they maintained a record of any complaints received by the home, which included details of any investigation and a copy of their written response. They also confirmed there had been no complaints made against the home in the year prior to our inspection.

End of life care and support

- The registered manager confirmed that none of the people living in the home were receiving end of life support at the time of our inspection. They told us they would work with relevant healthcare professionals, including the local hospice team to ensure people received responsive support at the end of their lives.
- People's end of life preferences were identified in their care plans where they had been happy to discuss this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection on 11 and 23 January 2019 we found improvement was required because the provider's quality monitoring systems had not identified issues in the provider's recruitment practices leading to a breach of regulations. At this inspection we found there continued to be shortfalls in the provider's quality assurance systems.

- The provider's systems for monitoring the quality and safety of the service had failed to identify breaches of regulations found at this inspection in regard to risk management and the safety of the home environment, reducing the risk of the spread of infection, ensuring compliance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), staff training and a repeated breach in regard to the provider's recruitment practices.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had not always demonstrated compliance with their responsibilities in meeting the requirements of the Health and Social Care Act 2008. Following our last inspection, they had failed to ensure their CQC rating had been displayed on the provider's website.

This was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, we served a fixed penalty notice on the provider which they duly paid. The provider's website was also updated to include their current CQC rating which was also on display within the home.

- Staff attended regular staff meetings and briefings which included discussions on the responsibilities of their roles. They also took part in handover meetings between each shift which enabled them to share information about people's current support needs.

- The registered manager understood the duty of candour. Relatives confirmed that they were kept informed of any incidents or accidents that occurred in the home. One relative told us, "Communication is

good between myself and the management."

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

- People spoke positively about the inclusive home environment and the support they received. One person said, "The home has a very friendly atmosphere. I can approach any of the staff and I know they'll be happy to help me." Another person told us, "I'm well supported by the staff; moving here couldn't have worked out better for me really."
- Staff told us that home had a positive working culture. One staff member said, "We all have a big respect for everyone living and working here. I try to treat the residents in the same as I treat my mum." Another staff member told us, "We all work well together and have the same strong focus on looking after the residents."
- We observed staff working well together during our inspection. They moved promptly to support each other where needed and communicated well with each other when supporting people.

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

- People's views were sought through regular resident's meetings. Areas discussed at a recent meeting had included the meal times and the choice of food on offer at the service and the support people received from staff.
- People and their relatives told us they felt involved in the service and expressed confidence that any feedback they offered would be taken into account in the way they were supported. One person said, "I attend the meetings. The registered manager is always available if I need to talk to them." A relative told us, "I have raised a couple of points with the management team and know they are actively working towards addressing them."
- People were involved in the running of the service. One person had helped to design the provider's website and had drafted scale drawings of the home that were used in the emergency evacuation plans kept with the home's fire safety information.

Working in partnership with others

- The registered manager told us they were open to working with other organisations and would welcome visits from local authority commissioners.
- Records showed they had been transparent in working with other organisations when required, for example when sharing appropriate information with the local social services team when requested to do so in support of any safeguarding investigations.

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 11 HSCA RA Regulations 2014 Need for consent Staff had not always acted in accordance with the Mental Capacity Act 2005
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Lawful authority had not always been given to deprive people of their liberty.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to effectively operate recruitment procedures which ensured information about staff employment histories and the reasons for any gaps in employment were available.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to service users had not always been assessed. Sufficient action had not always been taken to mitigate assessed risks. Action had not always been taken to assess, detect, prevent and control the spread of infections.

The enforcement action we took:

We served warning notices on both registered managers and the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring the quality or safety of the service were not operated effectively.

The enforcement action we took:

We served warning notices on both registered managers and the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received appropriate training as is necessary to enable them to carry out their duties

The enforcement action we took:

We served warning notices on both registered managers and the provider.