Mrs Julie O'Rourke

Merseyview Residential Home

Inspection report

12 Penkett Road
New Brighton
Merseyside
CH45 7QN

Tel: 01516303634

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 23 March 2017 and was unannounced. Merseyview Residential Home provides accommodation and personal care for up to 12 people. The home is a four storey property. Accommodation is on the ground and first floors and there is a stair lift to assist people to get to the upper floor. At the time of our visit, 11 people lived at the home.

The home 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.' The registered manager is also the owner (provider) of the home.

During our visit, we found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014. These breaches related to the provision of safe care and the management of the home You can see what action we told the provider to take at the back of the full version of the report.

We observed that the practical administration of medication was not always safe. We also found that not all of the medicines at the home could be accounted for. Checks on the competency of staff to administer medication safely were not undertaken and staff were last trained in medication administration in 2015. This meant there was a risk this training was out of date. This placed people at risk of harm.

The home was well maintained and the home's gas, electric and fire alarm systems were regularly inspected and were safe to use. A bath chair used by staff to lower people into the bath had not been checked in accordance with the Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). This meant the manager and staff could not be sure it was safe to use.

The home's fire risk assessment was out of date and had not been reviewed annually as recommended by Merseyside Fire and Rescue Service and there was a lack of suitable personal emergency evacuation plans in place for people who lived at the home. This meant staff and emergency personnel did not have important information on people's needs and risks to assist them to evacuate people safely in an emergency.

Staffing levels were sufficient on the day of our inspection but some staff had not been recruited robustly. This was because information on the staff member's skills and abilities had not been properly gathered or assessed prior to employment. These staff did not have contracts of employment in place and there was no evidence that one staff member had received an induction into their job role. Checks to ensure staff were safe to work with vulnerable people were made, previous employer references and information relating to the staff member's identify were also obtained.

There was no system in place to assess, monitor and manage the risk of Legionella bacteria occurring in the

home's water supply. We spoke with the manager about this and they said they would address this without delay.

People's care plans contained person centred information to enable staff to understand their needs and respect their wishes. Risks associated with people's care were assessed and staff had guidance on how to manage these risks. For some risks, this guidance was brief and required further detail to ensure that staff had sufficient information. We saw people had access to support from a range of healthcare professionals where specific risks were identified. Some records relating to the repositioning of one person had not been kept in accordance with professional advice. We spoke with the manager about this. They told us they would commence this immediately.

Staff received training and support to do their job role. Our observations of care were positive. The manager and staff had a good knowledge of people's needs and were kind, caring and compassionate in their approach. People looked smartly dressed and well cared for and it was obvious that staff and people who lived at the home had good relationships that promoted their well-being. People we spoke with at the home and a relative were very happy about the care they received and spoke highly of the staff team and the manager. They told us the staff went out of their way to help them and that everyone was very kind. People felt safe and well looked after.

People told us the food was good and they had plenty of choice. People's weights were monitored and their nutritional needs assessed. Some people lived with short term memory loss and we saw their care plans contained some information on how this impacted on their day to day lives. No-one at the home was subject to a deprivation of liberty safeguard. During our visit, we saw that people were able to choose how they lived their life at the home and that their consent was sought whenever support was to be provided.

Staff were knowledgeable about potential signs of abuse and the action to take to protect people from harm. Accident and incidents were recorded and managed. No complaints about the service had been received.

During our visit, we saw elements of good leadership. People were happy and liked life at the home. People's well-being was managed and they had good relations with the staff team. Staff were patient and compassionate and the care provided was person centred. We found however, that improvements were required with regards to the way the service was managed in order to ensure compliance with the health and social care regulations.

For example, there were no auditing systems in place to ensure that issues in relation to medication; accident and incidents; infection control; staff recruitment and out of date policies and procedures were identified and acted upon. Concerns with these areas of management were identified during our inspection. This lack of effective quality monitoring systems meant that risks posed in the delivery of the service to the health, welfare and safety of people who lived at the home were not always picked up and addressed.

At the end of our visit, we provided feedback to the manager. We found them to be open and receptive to our feedback.
Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

The administration of medication was not safe and some medicines could not be accounted for.

Staffing levels were sufficient but staff were not always recruited appropriately.

The home fire risk assessment was out of date and people lacked emergency evacuation plans.

People told us they felt safe at the home. Staff were knowledgeable about types of abuse and who to report concerns to.

People's individual risks in the delivery of care were assessed and managed.

Is the service effective?

Good

The service was effective.

People's consent was sought in the delivery of care and care plans contained information on people's short term memory loss.

People nutritional needs were assessed and managed. People told us the food was good and they got enough to eat and drink.

Staff received appropriate support and training to do their job effectively.

Care plans contained some information on specific health risks such as allergies and other health conditions.

Is the service caring?

Good

The service was caring.

People we spoke with said the manager and staff were kind and caring and went the 'extra mile' for them.

The atmosphere at the home was warm and homely and visitors were made welcome.

Staff had an understanding of 'the person' they cared for and we observed that they were caring and compassionate.

People independence was promoted and care plans gave guidance on what people could do independently and what they needed help with.

Is the service responsive?

Good

The service was responsive.

People's care plans contained person centred information to ensure their needs and wishes were met.

Interactions between staff and people who lived at the home were warm and person centred. It was obvious staff knew people well.

Some activities were provided but this was done on a day to day basis.

Complaints information was available but required review to ensure people had the contact details of who to direct their complaint to.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a lack of quality assurance systems in place to monitor the quality and safety of the service. This meant that risks to people's health, safety and welfare were not always picked up and addressed.

People told us the home was well led and were very pleased with the support they received.

People's opinions of the quality of the service had been sought. The feedback gained was positive.

Merseyview Residential Home

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 23 March 2017. The inspection was unannounced. The inspection was carried out by an adult social care inspector. Prior to our visit we looked at any information we had received about the home and contacted the Local Authority for their feedback.

During the inspection we spoke with two people who lived at the home, a relative, a senior carer and the registered manager.

We looked at the communal areas that people shared in the home and visited some of their individual bedrooms. We reviewed a range of documentation including three care records, medication records, staff files, policies and procedures and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We spoke with two people who lived at the home. They told us they felt safe. A relative we spoke with also told us they felt their loved one was safe at the home.

We looked at the arrangements in place for safe management of medication. We saw that people's medication was mostly dispensed via monitored dosage blister packs. There were some 'as and when' required medications for example, painkillers that were dispensed in individual boxes for when people needed them.

We observed a medication round undertaken by a member of staff. We saw that the staff member signed the person's medication administration record (MAR) as having observed the consumption of the medication, prior to its administration. We also saw that they walked away and left people with their medication without checking that it had actually been taken. This meant an inaccurate entry was made in the person's MAR as the staff member had not administered or observed the consumption of the medication prior to signing the record. It also meant the staff member could not be sure the person had actually taken their medication as prescribed.

We checked a sample of people's medication administration charts (MAR). The amount of medication in stock in respect of the monitored dosage system was correct but, inaccuracies were found in the balance of stock relating to people's 'as and when' required medications. It was also difficult to account for some medications. This was because staff had not always recorded the quantity of medicines brought forward from the previous month at the start of the new medication cycle or, recorded the actual quantity of medication in stock when any new medication was received from the pharmacy. This meant it was not always possible to tell if the amount of medication in stock was correct and in accordance with what had been administered.

We asked the manager whether any competency checks on how staff administered the medication were undertaken to ensure staff were competent to do so. The manager told us no competency checks were undertaken. This meant there were no regular checks in place to ensure that staff had the skills and competencies to administer medication safely.

These incidences were a breach of Regulation 12 as the provider did not have suitable systems in place to ensure the proper and safe management of all medicines in the home.

Regular health and safety checks were completed at the home and on the day of visit the home was clean and free from offensive odours. The home's electrical and gas installations and fire alarm system were all regularly inspected by external contractors who were competent to do so.

Specialised moving and handling equipment such as a mobile hoist or bath hoist enable staff to assist people with limited mobility to transfer position safely. By law, providers are required to ensure that all moving and handling equipment is fit for purpose and appropriate for the task. Providers have a legal duty

to ensure that all lifting equipment is subject to statutory periodic thorough examination every six months by a competent person. These examinations are called LOLER (Lifting Operations and Lifting Equipment Regulations 1998) tests.

We saw that the home's stair lift was LOLER checked in August 2016 and certified as safe to use. There was no evidence however that a bath chair in use at the home had been checked. This meant the manager and staff could not be sure that the bath chair was safe to use. This placed people at risk of avoidable harm. We asked the manager about this, they told us the bath chair was not in use. When we asked a staff member however they told us they used the bath chair to support the personal care of one person who lived at the home. We spoke to the person concerned and they confirmed that staff used this equipment to enable them to get a bath.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure that all of the equipment in use at the home was safe and suitable for use.

We looked at the provider's fire risk assessment and saw that it was out of date. The fire risk assessment was dated 2012. We saw that Merseyside Fire and Rescue service had visited the home in October 2015 and recommended an annual review of this fire risk assessment. There was no evidence this advice had been acted upon. We spoke to the manager about this who acknowledged no formal review of the risk assessment had been undertaken but said there had been no changes.

We checked that people had personal emergency evacuation plans (PEEPS) in place. PEEPS provide emergency service personnel with information about a person's needs and risks during an emergency situation such as a fire. This information assists emergency service personnel to quickly identify those most at risk and the best method by which to secure their safe evacuation.

We found that only a minority of people had suitable PEEPS in place. The manager told us they had just completed PEEPs for everyone prior to our visit but that they were unable to find them. This meant at the time of our visit, staff and emergency personnel did not have access to, the information they needed, to evacuate people safely. This placed people at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure risks to people's health, safety and welfare in the event of a fire were assessed and appropriately managed.

We asked the manager for evidence that the risk of Legionella in the home's waters systems was assessed and monitored. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. It can only survive at certain temperatures. The manager told us there was no risk assessment or checks of the water system in place. They told us there were unaware this was a legal responsibility. They told us they would act on this without delay.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider failed to have systems and procedures in place to assess, monitor and prevent the risk of a Legionella infection.

We looked at three staff files. Two of the staff files we looked at related to the employment of two staff members in the last 12 months. We found that their staff files lacked evidence that a suitable recruitment process had been undertaken. For example neither staff file contained evidence that an application process

had been completed. No contracts of employment were in place for either staff member and one only staff file contained evidence that the staff member had received an induction into their job role.

We saw that all staff files contained evidence of a criminal conviction check (DBS), previous employer references and proof of the staff member's identify. This showed that the manager had checked staff were safe to work with vulnerable people prior to their employment.

The home due it size only employed ten staff members and most of the staff team had worked at the home for some time. During our visit, the manager and the senior carer were on duty supporting people's needs. We observed that these staffing levels were sufficient.

During our visit, we looked at the care plans belonging to three people. We saw that people's risks in relation to malnutrition, falls, moving and handling, pressure sores and continence needs were all assessed. There was guidance for staff to follow in the management of these risks but for some risks, this guidance was limited. For instance management plans in place for people who lived with diabetes were brief and contained limited information about the risks involved with this condition. We saw however that the manager ensured people had access to appropriate support services where specific risks were identified. For example, the falls prevention team, district nurses, occupational therapy, diabetic clinics and access to specialist healthcare. We also saw that when people became unwell the person's GP was contacted for advice and support without delay.

Staff we spoke with were knowledgeable about signs of potential abuse and the action to take to protect people from harm. No safeguarding incidents had been reported by the manager since the service registered with The Commission in 2011. The manager told us this was correct and that no safeguarding incidents had occurred. Accidents and incidents were recorded appropriately on accident and incident forms and we saw that appropriate action was taken to support people when an accident or incident occurred.

Good

Is the service effective?

Our findings

People we spoke with told us the care was very good and that staff looked after them well. One person told us "It's absolutely fantastic. They will get you anything you need". Another said "They do everything they can. They can't do enough for you".

A relative we spoke with was also delighted with the care their loved one received. They told us "It's fantastic". I couldn't have wished for a better place" (for the person).

Everyone we spoke with during our visit thought the manager and staff had the skills and abilities to care for them. They all spoke highly of the manager and the staff team. Our observations of care were positive and it was clear that both the manager and the senior carer on duty, knew people well and knew how to care for them.

We saw that staff received access to regular training in relation to their job role. Although the training was not extensive, it did cover the main areas of care that staff needed to be trained in, in order to provide appropriate care. For example, training was provided in safeguarding, moving and handling, first aid, medication and food safety. We saw however that medication training was last undertaken in 2015 which meant there was a risk it could be out of date.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. 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 were being met. We found the beginnings of good practice in relation to the implementation of Mental Capacity Act legislation.

We saw that people's care files showed that people lived with varying degrees of memory loss and confusion. Some people lived with dementia. Where people lived with dementia or short term memory loss, their care plans contained some information about how these conditions impacted on their day to day life. There were also risk assessments in place for people's level of confusion which gave simple guidance to re-orientate and re-assure people when they became confused.

The manager told us no-one at the home was subject to deprivation of liberty safeguards. They told us they were currently discussing the care of one person at the home with social services, the person and their family. Discussions were due to take place the following day with regards to whether applying for a

deprivation of liberty safeguard to keep them safe was in the person's best interests. This demonstrated that the manager had an understanding of the DoLS legislation and when to apply it to protect people from potential harm.

On the day of our visit, the kitchen had sprung a leak which had been acted upon immediately. This however disrupted the preparation of people's lunchtime meal. People were asked and had agreed to a takeaway from the local chip shop. We saw that the cook came around and asked each person on an individual basis what they would like. We saw that some people struggled to decide and the cook helped them make a decision by reminding them of the sort of things they liked. It was clear that the cook knew people's dietary needs and preferences well and we saw that people responded to their help positively. We saw that people enjoyed their lunch and ate well.

When we asked people about the food cooked and provided by the home, they told us the food was very good and that they had a choice. One person said "The food is lovely". Another said that they were fussy with their food but that the cook and the staff went out of their way to ensure they were given something they liked to eat. They said "They try to oblige me as much as they can. They give me what I like". Both people told us they got enough to eat and drink.

During our visit, we saw that the senior carer asked if people would like a drink and snack at frequent intervals throughout the day. We saw that people were able to ask for a drink and snack at any time and that these requests were responded to promptly and pleasantly. For example, one person said they were hungry and the senior carer immediately made them a sandwich. One person's cup of tea had gone cold as they had fallen asleep and immediately on waking, the senior carer asked them if they would like a fresh cup of tea.

People's weights were monitored and where necessary people were referred to and had the support of the community dietician.

We saw that where people had health or medical conditions that may have impacted on their quality of life, they had individual care plans in place that gave staff brief information on what these conditions were and a brief history of any medical care the person had received. For example, one person had an allergy. We saw that the signs and symptoms of this type of allergy were described with the type of medication the person took noted. One person had a physical health condition and the person's care plan contained information about the medical advice and support the person had recently received from the hospital. This was good practice as it ensured that staff had information about the health conditions that may impact on people's well-being.

Staff told us they felt supported in their job role and received supervision and appraisal. We looked at three staff files and found some evidence to confirm this.

Good

Is the service caring?

Our findings

People we spoke with told us that the manager and staff at the home were all lovely. They told us they were kind, caring and went the extra mile to make sure they were well looked after.

One person said "I love it. I'm spoilt rotten". They said the manager and staff were "So kind. You feel they care". Another person said "They are all very kind. They do everything they can" to help. The relative we spoke with said that the staff "Are fabulous" and that the person was "Happy here".

We saw that the manager had completed a survey with people and their relatives in 2016. The feedback was very good. For example, one relative had written, "In the time my mum has been in the care of Merseyview, I have always found her happy and content. Her needs are met with smiles and nothing is too much trouble for the staff to deal with". Another had written "I am very pleased and content with the care involved with my mother. Happy friendly atmosphere always. I couldn't ask for any better".

People looked smartly dressed, well cared for and were able to live their life as they chose. For example, the manager told us that one person liked to have a long lie in and that this was respected. They told us they usually woke the person up and supported them out of bed around lunchtime in accordance with their preferences. During our visit, we saw that this person's wishes were respected and that staff supported them with their personal care at a time that suited them. From our observations we saw that both the manager and senior carer were very caring in all of their interactions with people. Care was person centred and each person was responded to and supported with respect and compassion.

We saw that the manager and staff chatted to people socially, checked on their welfare frequently and had a laugh and a joke with them about the everyday things people talk about when they know each other well. This promoted people's emotional well-being. The atmosphere was warm and welcoming and it obvious that people felt 'at home'. It was clear that the manager and the senior carer genuinely cared for the people they looked after and it was obvious that people felt comfortable and content in their company.

We saw that people's privacy and dignity was maintained at all times. Where people required support with their personal care, this was prompted discreetly and people responded positively to any assistance given. People's care records were stored securely in the manager's office which protected people's right to privacy. We saw that relatives were made welcome at all times of the day and visited without any restrictions.

Good

Is the service responsive?

Our findings

People we spoke with were was happy with the support they received. One person said "Its heaven". Another said that they were now able to manage their personal care with help from staff.

The relative we spoke with during our visit was also positive about the service. They told us that the staff always kept them up to date on the person's progress and well-being. They told us that the person was in good health, had had no falls and that they had "no regrets whatsoever" about organising for the person to come to live at the home.

We found that all of the care files we looked at contained brief but person centred information about the person's individual needs and preferences. They included information about people's abilities, what they could do independently and their preferred daily routines. For instance people's preferences with regards to their person care, sleeping habits, religious beliefs, dietary likes and dislikes were all documented. This was good practice as it ensured staff had guidance on how to provide person centred care. Both the manager and staff we spoke with were knowledgeable about people's preferences and it was clear that they made every effort to get to know the people they cared for well.

During our visit, we observed that support was provided to people in a person centred way. People with mobility needs were supported patiently and kindly and we saw that people were gently encouraged to maintain their independence through the use of mobility aids. People were encouraged people to go at their own pace and positive touch was used by staff to reassure people that they were there for support if needed.

We saw that one person's care plan detailed that they liked to have their crossword book at hand at all times. We observed this person and saw they were happily enjoying this book throughout the day. One of the people we spoke with enjoyed reading and we saw that they had a bookcase in their room which contained the books they enjoyed. Three other people enjoyed a visit from the local church and everyone enjoyed watching a Ken Dodd DVD in the afternoon.

There was however no timetable of activities displayed on the noticeboard for people to refer to which meant that people had no information on what activities were planned. We asked a staff member about this and how they ensured people's social and activity needs were met. They told us that they asked everybody on a daily basis what they would like to do. They said that people usually enjoyed ball games, a sing song, bingo or watching a DVD.

We looked at the provider's complaints procedure and saw that it was easy to understand with clear timescales for the acknowledgement, investigation and response to any complaints made. Contact details for who people could contact in the event of a complaint were however not provided. For example, no contact details were provided for the provider, the Local Authority or the Local Government Ombudsman. This meant people may not know who to direct to their complaint to in the first instance, or which external bodies to escalate their complaint with, should they be dissatisfied with the manager or provider's response

to their complaint in the first instance.

People and the relative we spoke with however had no complaints or concerns about the service they received. We looked at the provider's complaints records and saw that no complaints had been recorded since the last inspection in 2015.

Requires Improvement

Is the service well-led?

Our findings

.We found that there was no suitable monitoring systems were in place to check the quality and safety of the service. This aspect of service delivery required improvement.

During our visit, we identified discrepancies in the amount of medication recorded as administered and the amount of medication in stock. We also found that the practical administration of medication was not safe. We asked the manager whether they audited the administration of medication at the home to ensure it was safe and to ensure that all medications could be accounted for. They told us that no medication audits were undertaken. This meant there was no effective system in place to ensure that medicines were managed appropriately.

There was no suitable monitoring system in place to check that the systems and equipment in use at the home were regularly inspected and maintained to ensure they met statutory safety requirements. During our visit, we found that a bath chair did not have a safety certificate in place and there were no systems in place to manage the risk of Legionella.

We saw that some of the policies and procedures in place had not been reviewed for some time. For example the provider's fire policy, fire procedure and fire risk assessment. The provider's medication policy had not been reviewed since 2014 and the provider's recruitment policy was not being followed. The meant there was a risk that the guidance for staff to follow may not be up to date or reflect actual day to day practice.

The manager told us they reviewed each person's individual accident and incident records, each time an accident and incident occurred. They said they did this to ensure that referrals to the falls prevention team was made where necessary. No accident and incident audits were however in place to identify trends in the type of accidents or incidents occurring or how, when and where accidents or incidents occurred. This meant there was no evidence that this information was used to learn from and prevent similar accidents and incidents occurring in the future.

We asked the manager if they undertook any infection control or cleanliness audits to ensure the premises was clean at all times. They told us they did a visual check on a regular basis and that they had just completed an NHS self-assessment audit relating to infection control. On the day of our inspection, a copy of the self- assessment document they had submitted to the NHS Infection Control Team was not available as the manager had not taken a photocopy. There were no other formal checks of cleanliness or infection control.

These examples were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to have effective systems and processes in place to assess and monitor the quality and safety of the
service provided

We observed the culture of the home to be open and inclusive. One person told us they had no concerns about the management of the service and that they would "Strongly recommend" the home to anyone looking for residential care. Another person told us that the home was "Absolutely fantastic" and that the manager and staff didn't realise "How much I appreciate it".

From our discussions with the manager, it was clear that the manager was passionate about the home and the care people received. At the end of our visit, we gave the manager feedback and discussed some of the concerns we had identified. They said that as they were only a small home, they were responsible for both the management of the home and acting as part of the care team and at times it was difficult to find the time to do both. They were open and receptive to our feedback and committed to ensuring improvements were made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in a safe way. Regulation 12(2)(g) Risks to people's health and safety in the event of a fire or other emergency were not properly assessed and managed to protect them from avoidable harm. Regulation 12(1)(2)(a) and (b) Some of the equipment in use had not been checked to ensure it was safe. Regulation 12(2)(e) There were no systems in place to assess, detect and control the risk of Legionella infection Regulation 12(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no effective systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17(1),(2) (b).