

# Rajanikanth Selvanandan

# The Swallows

## Inspection report

The Swallows  
318 Brownhill Road, Catford  
London  
SE6 1AX

Tel: 02084613391

Date of inspection visit:  
23 February 2016  
25 February 2016

Date of publication:  
07 July 2016

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 



# Summary of findings

## Overall summary

This inspection took place on 23 and 25 February 2016 and was unannounced.

The Swallows is a residential care home for older people which provides accommodation and support for up to 19 people, some of whom have dementia. At the time of the inspection there were 19 people living at The Swallows. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were placed at significant risk of harm as the provider did not take reasonable steps in relation to fire safety management. The service did not have fire risk assessments, Personal Emergency Evacuation Plans (PEEPs), fire safety audits or functioning fire escapes in place. The service did not have enough staff to meet people's needs at night. The service did not have sufficient staffing at night to ensure people could be evacuated from the building safely in the event of an emergency. People were at risk of harm as the provider did not have adequate audit systems in place to monitor the safety of the premises and equipment. Records showed electrical hardwiring checks, portable appliance testing [PAT] and legionella water tests were out of date.

People had their liberty restricted without authorisation. Staff had inadequate knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These aim to make sure that people in care homes, hospitals, and supported living services, are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive.

People were not always protected against the risk of harm and abuse. Staff were not always clear on the correct procedure in reporting alleged abuse. Staff were unclear of the provider's whistleblowing procedure. The service did not have an 'easy read' complaints procedure in place to support people who found written documentation difficult to understand. People received their medicines in line with their prescriptions. However, the service demonstrated unsafe medicine management in relation to the storage and disposal of medicines.

People were protected against known risks, such as the risk of falling. The service had in place risk assessments which identified known risks and provided staff with guidance on how to mitigate these risks.

People's consent to care and treatment was sought before care was delivered. Staff were aware of the importance of ensuring consent was obtained prior to giving care. Staff were respectful when consent was not given. Care plans were person centred and detailed people's likes, dislikes, preferences, history and health care needs. People had access to health care professionals to maintain their health and wellbeing. Records showed people received support and guidance from staff that followed health care professionals'



advice. People's privacy and dignity was promoted. Staff were aware of the importance of maintaining people's privacy and dignity at all times.

People were given sufficient amounts to eat and drink throughout the day. The chef provided people with nutritious food that met their nutritional needs. People were able to request additional food that was not available on the menu.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe. The service did not have adequate measures in place to protect people in the event of a fire.

People were protected against risks The service had risk assessments in place which gave staff guidance on how to support people when faced with risks.

People did not have sufficient numbers of staff to meet their needs during the night. There were insufficient numbers of staff to support people to safely exit the building in times of an emergency.

People received their medicines in line with their prescriptions. However medicines which were to be disposed were not stored safely.

### Is the service effective?

**Inadequate** ●

The service was not effective. People were not always supported by skilled and knowledgeable staff. Staff did not receive training in safeguarding.

People's consent was not always sought prior to care being delivered. Staff had inadequate understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to sufficient amounts of nutritious food and drink.

People were supported to access health care professionals in order to maintain and improve their health.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring. People were not always supported by staff that would engage with them in order to maintain and encourage positive meaningful relationships.

People's privacy and dignity was respected.

People were encouraged to express their views and, where



possible, involved in making decisions about their care.

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

The service was not responsive. The service did not provide people with appropriate means to raise a concern or complaint. People who found reading difficult had no access to a 'easy read' pictorial complaints guide. They could not raise concerns and complaints freely and in a way they chose.

Care plans were person centred and tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

**Requires Improvement** ●

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

The service was not well-led. The registered manager did not carry out audits of the service to assess the safety of the premises and equipment.

The registered manager sought feedback on the delivery of the service via quality assurance questionnaires.

The registered manager encouraged partnership working from other health care professionals.

**Inadequate** ●



# The Swallows

## **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.

The inspection took place on 23 and 25 February 2016 and was unannounced. The inspection was carried out by two inspectors on the first day. The second day of the inspection was carried out by one inspector and an inspection manager.

Prior to the inspection we reviewed the information we held about the service. We looked at statutory notifications the service had sent to us, previous inspection reports, safeguarding and other information shared with us by health professionals. .

During the inspection, we spoke with two people, two relatives, five care workers, the chef, the deputy manager and the registered manager. We also carried out observations of staff interacting with people. We reviewed nine care records, four Medicine Administration Recording Sheets [MARS], three staff records, and other documents related to the management of the service.



# Is the service safe?

## Our findings

Our judgement that people were not safe living at The Swallows was not shared by people. People told us they felt safe living at The Swallows. One person told us, "I most certainly am safe, why wouldn't I be?. Another person we spoke to told us, "Yes I'm safe here, they [staff] always keep me safe". However we identified some concerns in relation to safety.

People were at significant risk of harm from unsafe fire management. During the inspection we found numerous examples of unsafe practice relating to fire safety management. We found three fire exit doors on the ground floor were locked shut by means of a keypad code. All fire door keypads were not linked to the fire alarm system, so if the alarm sounded the doors would remain locked preventing people from leaving the building. During the inspection due to concerns we identified, we contacted the fire authority who dispatched the local fire brigade to the service. They instructed the registered manager to remove the door keypads to ensure people could evacuate the building safely in the event of a fire. The registered manager completed their request immediately.

One fire exit door was jammed shut and could not be opened by the registered manager using his body weight to push open the door. We were concerned about this and advised the local fire brigade who came to the service. By the end of the first day of the inspection we saw that the fire exit was opened. Another fire exit leading to the front of the house, had four large boxes in the corridor next to it. People who used wheelchairs would have been unable to exit the building safely as the width of the corridor was partly blocked by the boxes. We highlighted this to the registered manager who removed the boxes at the end of the first day of the inspection.

People were at risk because there were unsafe arrangements for dealing with emergencies. Access to the fuse box cupboard was blocked by wheelchairs and a hoist. During an emergency staff and the fire brigade would not be able to access the fuse box to switch off the power supply. At the end of the inspection the registered manager had requested that they be removed by a member of staff.

During the inspection we asked to see the personal emergency evacuation plans (PEEPs) for people living at The Swallows. These are documents that provide guidance to staff and emergency services on how to safely evacuate someone from a building in an emergency. The registered manager was unable to provide us with any PEEPs and explained that he did not have any in place. The registered manager was unaware that he was required to have PEEPs to support people to evacuate the building safely in an emergency.

People were placed at risk because staff did not have sufficient knowledge or equipment to support people safely to evacuate the building in the event of a fire. We asked the registered manager how people with mobility issues would safely evacuate the building from the first and second floor. The registered manager was unable to answer this question. We asked staff in the event of a fire how they would support people to safely exit the building. One staff told us, "I would use the lift until the fire took hold, I think it'd be better to do that rather than risk using the stairs for people who can't walk." Another staff told us, "I think our last fire drill was last year sometime. If the alarm goes off, we'd gather everyone together in the same place,



probably the lounge." Another staff member told us, "The people on the second floor have the most significant mobility issues, three require the use of a wheelchair. I know you can't use a lift in a fire and I think we do have mobility slings which you can use but these are kept locked in the manager's office. I don't know the code to unlock the door".

We asked the registered manager to provide us with the fire risk assessment. The registered manager told us he did not have one in place, however was aware of this and had recently obtained quotes from external companies to get this completed. Since the inspection the registered manager has provided us with a copy of a new fire risk assessment.

The registered manager did not complete audits relating to fire safety, or the health and safety of the environment.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected against the risk of falls from a height. At the time of the inspection we found 21 windows on the first and second floors with no window restrictors, at a height that could be accessed easily. We spoke with the registered manager who was not aware of the Health and Safety Executive [HSE] guidance on 'Falls from windows or balconies in health and social care'.

We also found 14 windows with restrictors which were either locked shut by a key or were screwed shut and unable to be opened. This meant that people could not access fresh air and in the event of an emergency windows could not be opened easily.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to take action to rectify these issues and they provided us with an action plan detailing work they would carry out and timescales for work to be completed. The registered manager has informed us that PEEP's, window restrictors, fire risk assessment and environmental risk assessment have been completed.

Following the inspection the registered manager has informed us he has now carried out the work to ensure all windows have robust restrictors in place, and no windows were locked shut by use of a key or a screw.

People were at risk of unsafe medicine practice. We found medicines were not stored or disposed of in line with good practice. Staff told us, "Sometimes people do not wish to have their medicines and will decline. We then have to return these medicines to the Pharmacy". Medicines that were not administered because people declined them, were placed in a plastic container, with an insecure lid. The container was then stored in a locked cupboard in the medicine room. Medicines stored in the container were not immediately returned to the pharmacy nor were they labelled to state what medicine they were or who they were prescribed for. This meant that there was no audit trail for the medicine awaiting return to the pharmacist. This introduced risks to the medicines system.

One medicine for pain relief that had been used was replaced in the original box alongside unused medicines. This meant that when opening the box people could have direct contact with the used medicines and there was a risk that the unused medicine could be contaminated. We found all medicine administration recording sheets [MARS] were completed in line with good practice. Medicines were administered correctly in line with their prescription and audited by the service regularly, this meant any errors would be identified quickly and action taken to minimise the risk to people.



These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has taken action to ensure the safe management of medicine within the service.

People were not always protected against the risk of harm and abuse. Staff were aware of their responsibilities in line with safeguarding and could explain the principles of safeguarding, including how they would make an urgent referral. However, Staff had not received safeguarding training in the last 12 months. Staff had an inconsistent understanding of the provider's whistleblowing procedure. One member of staff told us, "Whistleblowing, I don't know if we have a procedure, maybe the manager knows about that. If I thought there was a problem with anyone I'd just talk to the manager about it." Another staff member told us, "If I saw abuse happening, I would challenge the person involved. I'd still go to the manager as well."

People were not always supported by staff that had undergone the necessary pre-employment checks to ensure they were safe to work at The Swallows. We looked at staff files and found staff had taken appropriate action in relation to references, proof of address and photo identification. We found Disclosure and Barring Service [DBS] checks for two staff were up to date. However, one staff had last undergone a documented DBS check in March 2005 and had not had another check since. The provider had failed to carry out regular checks to ensure continued suitability of staff.

People were protected against known risks associated with their health condition. People had person centred and robust risk assessments in place which highlighted areas of known risks and gave staff guidance on what action to take to reduce the risk. Risk assessments covered people's nutritional needs, personal care, moving and handling, accessing the community and medicines.

People were supported by staff who knew the importance of documenting all incidents and accidents. Staff we spoke with had a clear understanding of the need to report and document accidents and incidents. One staff told us, "The manager encourages us to report bad practice; I wouldn't have a problem making sure any incidents are investigated". Incidents and accidents were documented in people's care plans. 'Body maps' were used to identify injuries sustained both of known and unknown origin. Incidents and accidents were monitored and reviewed by senior staff to ensure lessons learnt.

People were supported by adequate numbers of staff during the day. We received mixed reviews from staff regarding adequate numbers of staff during the night. Staff told us they felt there were sufficient staff on shift to keep people safe. However, staff told us, "If someone goes sick, we work one staff down. If two people go sick then the manager calls someone in". We spoke with the deputy manager who confirmed what staff told us. When speaking about night shifts, staff told us they did not feel there were adequate numbers of staff to safely evacuate the building in the event of an emergency. During the inspection we observed the deputy manager working on shift as there were insufficient numbers of staff to meet people's needs.



## Is the service effective?

### Our findings

People told us, "They [staff] know what they're doing, I'm sure they get lots of training to help us". However we found that staff did not always have the knowledge and skills to meet people's needs.

People were not always supported by staff that had received sufficient training to effectively meet people's needs. Records relating to training showed staff did not receive all mandatory training in line with good practice, for example there were no records confirming staff had received safeguarding training in the last 12 months. In one staff file we found evidence staff had received moving and handling, food hygiene, infection control, First Aid and fire prevention in 2014. It also showed they had received dementia care and safeguarding training with the certificate dated as requiring renewal in May 2013. There was no information that showed they had received further training since then.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed reviews from staff regarding training. One staff told us, "I've been trained in caring for people with dementia, but that was some time ago". Another staff told us, "I had behaviours that others may find challenging training and this was really useful. I know if someone is getting more upset then we withdraw gently and go back to them in a few minutes, usually this works well."

People were supported by staff that did not regularly reflect on their working practices. Staff did not always receive regular supervisions. Staff spoke positively about the supervisions they received and felt these supported them to carry out their role effectively. Staff told us, "We have supervisions and the registered manager also conducts spot-checks regularly on the weekend and we receive structured feedback". However, we found inconsistencies when reviewing staff files relating to supervisions. Care staff received supervisions every two months, however one staff file showed that one care worker had not received a documented supervision in the four months prior to our inspection. Supervision records focused on improving practice and staff knowledge. Support given by the manager was clearly documented. Records did not contain staff view's or areas they felt they required support.

People were not deprived of their liberty unlawfully. The Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and lawful manner. At the time of the inspection one person was subject to a DoLS authorisation. We spoke with the deputy manager about other people requiring mental capacity assessments carried out, who told us, "We don't do any MCA assessments here, apart from the one person subject to a DoLS".

People were supported by staff that did not have adequate knowledge of the MCA or DoLS. When asked about MCA and DoLS staff told us, "I've never heard of that, no idea what it is. I don't know if anyone here has it." Another staff told us, "I'm not sure what it means in terms of the MCA but if someone can't make



decisions for themselves, we just do it for them". We saw one record relating to MCA during the inspection. One staff told us, "I don't know what the MCA is but I know how to support people to make decisions if they can't do so themselves due to dementia". Staff told us, they were responsible for carrying out mental capacity assessments based on information available to them in the care plans. Staff were unable to explain how they assessed people's mental capacity or the tools used to ensure they reached an accurate outcome. However there was only evidence that one assessment had been undertaken. There was a risk that people's rights would not be upheld in line with the MCA.

These issues were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager has told us, he would contact the local authority mental capacity team for further guidance and support.

People were supported by staff who had undertaken an induction. Staff told us, they had received an induction which included an introduction to each person and some shadowing shifts and helped them meet people's needs. Staff confirmed they were supported by an experienced member of staff prior to working alone. Staff also told us they received training during their induction which included, moving and handling, safeguarding and nutrition. Staff records did not contain information relating to inductions undertaken by staff and we therefore could not ascertain whether the induction was comprehensive or in line with the care certificate.

People were supported to access health care professionals to monitor and maintain their health needs. A relative told us their family member had regular access to healthcare professionals, including their GP whenever they wanted or when staff noticed a change in their health needs. Staff told us, "We support people to have access to healthcare professionals in the best way for them. We have one person who wanted to see an optician but would find it difficult to get to the opticians' office safely, so we arranged for an optician to come in for them." Staff told us, they were able to obtain visits from GPs, dietician, the speech and language therapy (SALT) team and community mental health professionals whenever they needed. People's care plans held information to confirm referrals made by the service to health care professionals by staff.

People were provided with sufficient amounts of food and drink that met their nutritional needs. People spoke positively about their meals. People told us, "Look at this [lunch], isn't it lovely? We get plenty to eat and drink, it's tasty and healthy. You need to be careful and make sure you get enough healthy food and we get that here". They went on to say, "Look at this. Fruit with no cream or sauce... just what we need to keep us healthy, they're always offering us fresh fruit here, I'm glad it's not all cakes".

We spoke with the service chef who told us, "We have a four week rolling menu, but people ask for special one off meals all the time, it's not a problem to-do that and if it makes them happy then we've done well". The Chef met with a dietician and a speech and language therapist [SALT], to plan meals that met the nutritional needs of people and was able to modify menus based on people's needs. The chef had a good understanding of people's needs and acted appropriately when made aware of changes to people's appetite or weight. For example, staff noticed one person having difficulty with eating and liaised with the SALT for a 'swallowing' assessment' and updated the menus to reflect their recommendations.



## Is the service caring?

### Our findings

People received care and support from staff that did not always naturally interact with them. We also observed staff withdraw from interacting with people. For example, during lunch staff were observed watching people eat lunch in case they required support. Staff did not attempt to engage with people or make lunch time a social experience. We also observed 11 people sitting together in the main lounge and a staff member stood at the back of the room in silence. We found staff would often only speak with people when asked a question. This required improvement.

Despite our observations people told us, "They [staff] are chatty, we have discussions sometimes". Staff told us they had time to sit and chat with people whenever they wanted. We observed examples of positive interactions between people and staff, for example staff were observed giving reassurance to someone that was agitated. Staff spoke with them in a compassionate and respectful manner, affording them time to express themselves and describe the type of support they required.

People were supported by staff that were compassionate and respectful. One person we spoke with told us, "She's [staff member] lovely, she cares about us". A relative told us, "It's lovely here, really lovely. Staff are always happy, they truly care about people. This morning when I arrived I was freezing cold. The deputy manager noticed this and brought me a cup of tea to warm me up; such a lovely gesture. All of the care staff know [people] really well and know just how to look after them." Another relative told us, "People here just seem happy – you can tell when you walk in. They're not distressed or upset, they're relaxed and glad to be here."

People were supported by staff that respected and promoted their privacy and dignity. People told us, staff knocked on their room doors and waited to be invited in before entering. Throughout the inspection we observed instances of staff seeking permission to enter people's bedrooms. We also observed staff actively maintain people's privacy and dignity, for example, one person who was anxious and began engaging in behaviours others may find challenging. Staff supported them by offering them reassurance and encouraging them to leave the communal area so they maintained their dignity.

People were encouraged to maintain their independence wherever possible. People told us staff supported them to do things for themselves. Staff were aware of the importance of people retaining their independence and self-esteem. Staff were observed encouraging people to do things for themselves so that they did not lose their independence. For example, people who wanted cold drinks were encouraged, where appropriate, to help themselves.

People were given information and explanations about the care and support they received. Staff shared information with people in a way they understood. We observed staff telling people the plans for the day that would affect them, for example one of the day's activities was music therapy and staff informed people should they wish to participate. We also observed staff informing people what support they were providing and the reasons why. For example, one person had spilt food on their clothing and staff explained that they would support them to change so that they were more comfortable.



The deputy manager told us that no advocacy services were used at the time of the inspection, however could tell us the process of obtaining an advocate if people required one. The deputy manager told us, "People's family and friends advocate for people and act on their behalf". □



## Is the service responsive?

### Our findings

People were supported by staff who knew how to raise their concerns and complaints. Staff told us, "I would refer any complaints to the registered manager". Staff stated and records confirmed that there had been no complaints made in the last 12 months. There was a copy of the complaints procedure on the notice board in the main hallway, however this was in written format and didn't take into consideration people who may find written documentation difficult to understand. This required improvement.

We found the service did not have any male care staff. We spoke to staff about this and they told us, "The men don't have a preference for personal care, they are happy being supported by female staff to maintain personal hygiene". We looked at people's care plans and found no evidence suggesting people's preferences toward male or female staff support recorded. This meant that people may receive support with personal care that did not reflect their wishes.

People were offered a range of activities they could choose to participate in. Relatives and friends were welcomed to attend the activities that took place at the service. A relative told us, "Every week a singer comes in and does a big sing-a-long, [people] love that. They [staff] invited me to their Christmas party, it was such a friendly, warm experience and the chef did an amazing job." On the first day of the inspection a singer visited and people were encouraged to participate. The atmosphere was friendly and welcoming and people were singing and dancing along to the music. People could participate in various activities including, music therapy, bingo, board games, watching television. However, there was no information in people's care records to show what people's interests were and that activities were provided in line with people's preferences.

People received care and support that was person centred. A relative told us, "The communication between us and the staff is proactive, we have always been kept informed of [relatives] condition and changing needs". Care plans we looked at were person centred and contained adequate information to enable staff to meet people's needs. Care plans contained information about all areas of care needs including, people's history, likes and dislikes, diagnosis, medicines prescribed and support needs required.

People received support from staff that had up to date information about their care needs. Care plans were reviewed regularly by senior staff to reflect people's changing needs and shared with staff. Records showed people were encouraged to be involved in all aspects of their care including the development of their risk assessments. Where possible people had signed their care plans and risk assessments. During the inspection we observed a staff handover meeting where information from the previous shift was shared with staff coming on shift. Changes to people's needs were discussed with staff which meant they could then appropriately care for people.

People were not always protected against social isolation. Staff were aware of the importance of the risks associated with social isolation and told us they encouraged people to socialise with their peers. People were able to spend time in their rooms or in the 'quiet lounge' if they wanted time alone. Staff were observed encouraging people to remain in communal areas such as the lounge or dining rooms so as not to



isolate themselves. However once in communal areas there was limited interaction from staff.



## Is the service well-led?

### Our findings

People did not receive a service that was well-led. During the inspection we identified risks that placed people at significant risk and the registered manager was unaware of the magnitude of these risks and how they impacted on people. The registered manager lacked understanding of the necessary audits to be carried out by the service to ensure people were not placed at risk. For example, there were no audits relating to the environment, fire safety or health and safety. We asked the registered manager to provide us with evidence of checks relating to Portable Appliance Testing [PAT] but, this was not provided. PAT testing stickers indicated that the last test carried out was in 2007. We also found the electrical safety hard wiring check was last carried out in 2009. The service should follow requirements for electrical safety in The Electricity at Work Regulations 1989 (EAWR).

We also identified some concerns with safety on inspection, and intervened to ensure these concerns were rectified. For example, the registered manager had not carried out a fire risk assessment, PEEP's, environmental risk assessments [including assessing falls from a height], fire doors were locked, hard wiring electrical testing or PAT. The registered manager had also failed to identify concerns relating to staff training and competence and the safe management of medicines. Had the registered manager carried out audits which would pick up on this and developed appropriate action plans, the risks to people would have been mitigated.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have asked the registered manager to take urgent action to address our findings. The registered manager has provided us with an action plan of work to be completed and timescales. We will be monitoring this to ensure the registered manager is taking action.

Despite the concerns outlined above, people spoke positively about both the deputy manager and registered manager. One person told us, "[Deputy Manager] is very sweet; you can see she helps people all the time. Just look around and you'll see she's here helping the staff". Another person when asked about the registered manager said, "He's nice".

Staff told us the registered manager was approachable. One staff we spoke to told us, "We have a stable staff team, I feel we work well together. The managers are very approachable too, we can go to them if we need extra support or to ask for extra training." Another staff told us, "I have no problems or complaints with the managers. I can approach them for advice or extra training and it's always provided." Throughout the inspection we observed staff approaching the registered manager seeking advice and support.

The registered manager operated an open door policy, where people, their relatives and staff could speak with him at any time. People told us, "I can speak to him (registered manager), he's around to talk to". Staff told us they could contact the manager both when he was at the service or by phone when he was not present. One staff told us, "He's here every day, but sometimes doesn't get here until 11am and leaves by 4pm. In a way there needs to be more support". We spoke with the registered manager who told us he was contactable at any time should staff wish to speak with him.



The service carried out quality assurance surveys to seek feedback on the care provided. Quality assurance questionnaires were sent to people, their relatives and health care professionals annually to ask them for feedback on all aspects of care provided by the service and staff. For example, did they have any concerns, what their impressions of life for people were in the service and if they felt people were treated with respect. Records showed that the service received positive feedback from people and their relatives, with one person saying, "Staff are welcoming and professional in general". However four records indicated that people had made comments about the décor of the service and that it required updating. The registered manager told us, areas that have been identified for improvement were then actioned in a timely manner. At the time of the inspection we did not see any areas relating to décor being addressed.

The registered manager actively encouraged partnership working. Records confirmed that where needs for additional support had been identified, the registered manager requested referrals. For example, where people's health had deteriorated they had been referred to health care professionals.



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 did not take formal enforcement action at this stage. 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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were supported by staff that did not have adequate knowledge of the MCA DoLS. Staff were unable to explain how they assessed people's mental capacity or the tools used to ensure they reached an accurate outcome. However there was only evidence that one assessment had been undertaken.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were placed at significant risk of harm as the provider had insufficient staffing levels at night to safely evacuate the building in an emergency and staff training. Regulation 18 (2)</p>



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  People were not protected against the risk of unsafe medicine practice. Regulation 12 (1) (2) (g)

### The enforcement action we took:

Notice of decision to impose urgent positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People were placed at significant risk as the provider did not assess the risks to people in relation to fire risk assessments and environmental risk assessments. Regulation 17 (2) (b)

### The enforcement action we took:

Notice of decision to impose urgent positive conditions.