

Jemini Response Limited

# Jemini Response Limited - 41 Jerome Close

## 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?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection was carried out on 26 & 31 July and 3 & 7 August 2018 and was announced. At the last inspection, the service was rated 'Good' overall, with requires improvement in well-led with no breach of the regulations. At this inspection we found these standards had not been maintained and there were a number of significant concerns identified.

Jemini Response Limited - 41 Jerome Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care for up to four people living with a learning disability or autistic spectrum disorder. There were four people living at the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

The service was not always safe. Environmental risk assessments had not been completed, including for the presence of legionella. Where a risk had been identified this had not been acted on, for example, the need for replacement fire doors. The communal wet room was covered in mould and people were put at risk of infection because of this. The home was dirty and paintwork, décor and floor coverings needed cleaning or replacing. Some maintenance work which had been started was not completed, and there was bare plaster work and unfinished tiling.

The service was not well led. Quality monitoring processes had not identified the issues raised at this inspection. Communication between the registered manager, nominated individual and provider was poor, and the provider lacked oversight of the service. Staff and the registered manager told us they had frequently given verbal feedback about the poor level of maintenance in the home but this had not been acted on. There were no plans in place to make sure maintenance was completed on a regular basis. The lack of planning meant there was risk that immediate safety issues might not be identified and addressed, and ongoing improvements would not be considered. People may have been adversely affected because the provider had not properly considered how the disruption from required maintenance may affect them.

Although there were enough staff to support people to stay safe, there were full time staff vacancies. Recruitment practices were not robust, and not all the relevant checks had been completed before staff began work.

Staff were supported with training, supervision and appraisals to make sure they had the skills they needed to provide good quality care. Specialist training had been arranged where needed, for example, positive behavioural support. Staff knew how to report incidents and accidents, and if these did occur, they were investigated.

Individual positive risk taking was encouraged, and risk assessment and risk management practices to support this were robust. People were supported to eat and drink enough, and specialist dietary needs were met. People could access the healthcare they needed to remain well and their medicines were safely managed. As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of abuse and what they should do if they thought someone was a risk.

People continued to be supported with choice and control over all aspects of their lives, and staff supported people in the least restrictive way possible. People led the lives they wanted to be able to participate in a wide range of activities and hobbies that interested them.

People experienced care that met their individual needs, and were supported by kind and caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. People experienced person centred care and were given every opportunity to express their choices and preferences. People were in the process of being supported to make their end of life care wishes known.

People had their care needs regularly assessed, and all the relevant people were involved in care reviews. People experienced care and support that was in line with current guidance. Staff made sure they worked within the organisation and with others, to make sure people received effective care.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be deprived of their liberty for their own safety or unable to make informed choices about their care. Staff had sought support from all the relevant parties which enabled people to make decisions about their own health and wellbeing.

People and those who were important to them had access to a complaints process. There had been no recent complaints, but the registered manager and staff knew what action to take if a complaint were made.

We found three breaches of the Regulations. 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.

## 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 safe. People's safety was not protected because environmental risks were not assessed or managed properly. Infection control practices did not keep people safe from the risk of infection. Recruitment practices were not robust, although there were enough staff on duty.

People's medicines were safely managed and incidents and accidents were recorded and investigated. As far as possible, staff knew how to protect people from abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. The premises were not clean or well maintained.

People had their individual needs and choices assessed and met and were supported by staff who had received appropriate training and had the right skills to meet their needs. People's nutrition and hydration needs were met.

Staff asked for people's consent before providing care and had a good understanding of the Mental Capacity Act 2005 (MCA). The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

**Requires Improvement** ●

### Is the service caring?

The service continued to be caring. People were supported by staff who were kind and compassionate.

People's privacy and dignity were respected and their independence was promoted.

People were supported to make their own decisions and choices about how to live their lives.

**Good** ●

### Is the service responsive?

**Good** ●

The service continued to be responsive.

Staff knew people well and had a good knowledge of their needs. People's care plans were person centred and supported staff to meet people's needs in a responsive way.

There was a complaints procedure in place, but there had not been any recent complaints.

**Is the service well-led?**

The service was not well led. Quality monitoring systems did not identify the concerns regarding safety and poor maintenance of the home raised at this inspection.

There was poor communication between senior managers and plans were not in place to make sure the service could meet the fundamental standards required.

Staff gave us positive feedback about the registered manager and they aimed to promote a culture that was person centred and caring.

**Inadequate** ●

# Jemini Response Limited - 41 Jerome Close

## **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 comprehensive inspection took place on 26 & 31 July and 3 & 7 August 2018 and was announced. We gave the service 48 hours' notice so people could be supported to prepare for our visit, so they did not become anxious about unexpected visitors in the home. The inspection was carried out by one inspector on three of the days and two inspectors one day.

On the first day of the inspection we found safety concerns which needed urgent action to rectify. This included poor environmental risk management including fire, infection control and legionella. We arranged to return for a second day to complete the inspection. However, when we returned at the pre-arranged time, we found the provider had sent staff to the home to complete urgent maintenance, including replacement of fire doors. This meant we were unable to complete the inspection, because of the disruption this would have caused to people living at the home. We returned on day three, but not all of the required records were available to us. We gave the provider additional time to arrange for the paper work to be available at the location, rather than their head office, and returned on day four to review them.

Before the inspection the service completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return to inform the inspection. We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We met and spent time with all the people living in the home. We were able to speak with one person, but due to the nature of people's complex needs, other people were not able to tell us about their experiences so we also observed the care and support that people received.

We spoke with five members of staff, two deputy managers, the registered manager and the director of the provider's limited company. During the inspection we spoke with a fire officer from East Sussex Fire and Rescue. We sampled various records including two care plans, medicines records, quality audits, four staff recruitment files and training records for all staff. We observed how people were supported and how staff interacted with people.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service safe?

## Our findings

The service was not safe. While risks to individuals were well assessed and managed, risks in the living environment were not. On the first day of our inspection we identified several significant safety concerns. These included fire doors that had not been safely and correctly maintained and lack of legionella management. The fire safety risk posed by the unmaintained fire doors had been identified by East Sussex Fire and Rescue Service (ESFR) in 2011, but the provider had not managed the risk properly, and had not repaired or replaced the doors when they had been advised to do so ESFR to do so. The registered manager told us the doors, "Don't meet standards as far as I am concerned" and they had told the provider a number of times, but no action was taken. Fire equipment such as the alarm and fire extinguishers had been tested and properly maintained.

We asked to see people's personal emergency evacuation plans (PEEPs), to see if the risk posed by the incorrect fire doors had been included in the plans. People who need support to evacuate a building need a PEEP in place, to make sure they leave the building in the safest way possible. The registered manager was unable to find people's PEEPs, and said they, "Can't find it right now". We asked the registered manager to take urgent action to make sure each person had a PEEP as quickly as possible, as these were not in place. A member of staff we spoke to about an individual's PEEP did not know about their specific safety needs in the event of an emergency. This person needed emergency medicines supplies and the member of staff was not aware of this. This was because the member of staff had not been properly trained to support people in the event of a fire, had not been involved in an evacuation drill and did not have access to individuals PEEPs to refer to.

Staff told us the fire assembly point was on the driveway of the home. At the end of the drive a brick wall had collapsed, which protected a substantial drop on the other side. The drop had been screened off with orange netting, but this had also collapsed. There was a risk that people as well as staff or visitors could fall over the drop and injure themselves, in the event of an evacuation or at night in the dark.

In an outside storeroom, we found substances which could be hazardous to health under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), such as washing up liquid, car coolant, de-icer and screen wash were being stored in the same cupboard as food items such as bread, fruit and sugar. While it is acceptable to store these items in the same cupboard, it is important these items are clearly separated, and COSHH substances which can be hazardous to health are not stored over or immediately next to food. When we returned on day three of the inspection, we found staff had taken action and re-organised the store room so it was safe.

Infection prevention and control (IPC) practices did not protect people from the risk of infection. While the service is a small home in a residential area, and may not require the same level of legionella management as a larger care home, the registered manager and provider had not completed a legionella risk assessment so they did not know if action was required to reduce any risk. The health and safety executive recommend all health and social care providers should carry out a full risk assessment of their hot and cold-water systems and ensure adequate measures are in place to control the risks. The presence of legionella bacteria



can lead to Legionnaire's disease, which is a serious type of pneumonia. Anyone can develop Legionnaires' disease.

On day one of the inspection we looked at the shared wet room. As we approached the door we could smell damp. When the door was opened, the smell was very strong. The tiles and grouting on the wall were covered in black stains which the registered manager said was the result of previous mould. There was evidence of active black mould on the ceiling which had not been treated. The shower head was covered in a significant amount of limescale. When the drain at the centre of the wet room was unscrewed and lifted, there was an overpowering smell of mould and damp. The drain and inside was covered in a black substance.

The presence of mould can affect people's health. Moulds can produce allergens (substances that can cause an allergic reaction), irritants and sometimes toxic substances. Breathing in or touching mould spores may cause an allergic reaction, such as sneezing, a runny nose, red eyes and skin rash. Moulds can also cause asthma attacks. Legionella can also be linked to the build-up of limescale on shower heads. Legionella bacteria is dispersed in airborne water droplets, so the spray created by a shower can transport the bacteria to people using the shower. Anyone using a contaminated shower risks breathing in the bacteria and developing Legionnaires' disease.

The above were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not experience safe care. Risk assessment and risk management practices did not promote people's safety, and IPC did not ensure people were protected from the risk of infection.

During the inspection the provider took some action to address these issues. Fire safety doors were replaced and a water testing kit was purchased to test for the presence of legionella. However, risk assessments had not been completed for legionella management, and the collapsed wall. This meant people's safety continued to be put at risk, because the provider and registered manager did not know what they needed to do to protect people.

The premises were not always secure. On the first day of the inspection, the inspector rang the doorbell and knocked on the door several times. After waiting for several minutes for an answer, the inspector pushed on the outer door handle and found it to be unlocked. The inspector then entered the porch area and knocked on the inner door and called out several times. When knocking on the inner door it opened slightly so the inspector pushed the door open, remained in the porch and called out to alert staff of their presence. After no response, the inspector stepped into the hallway and called out again to let staff know they were there. A member of staff came into the hall and the inspector announced who they were. The inspector was able to access the home unchallenged and could have accessed the upstairs of the home without being seen. This put people and their belongings at risk, as other people could also have accessed the home unnoticed. The registered manager took action and a new doorbell was purchased and the lock on the front door checked to make sure it closed properly.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premises.

Although there were enough staff on duty to keep people safe, the service had several full-time vacancies. The provider was trying to recruit staff to these positions, but needed to use agency staff to cover some shifts. When we reviewed the staff recruitment records not all the relevant pre-employment checks had been completed. These included full employment history and evidence of previous conduct where the prospective staff had worked with vulnerable adults. These staff had been recruited to full time posts after

temporary work via the agency, and the agency had completed these checks. However, the registered manager had not confirmed this to make sure suitable staff were employed. This is an area of practice that requires improvement. Other checks such as Disclosure and Barring Service (DBS) had been completed.

Risks to individuals were assessed and managed well. Staff knew how to manage risk while supporting people to be flexible with positive risk taking. One member of staff said, "It's about assessing risk in a different way. Rather than a set of rules, it needs to be flexible". Staff described how changing the way they managed the risk to individual's safety had a positive impact on people. People's behavioural patterns had changed, because they had more freedom to choose what they wanted to do, and were less likely to become frustrated or anxious.

Staff knew about the types of abuse and how people might behave if they were at risk of being mistreated. Staff had regular training in safeguarding people, and knew what to do if they thought someone was being abused. This included reporting concerns to the registered manager or the local authority. Staff were confident any concerns they raised would be acted on by the registered manager.

People's medicines were safely managed. Staff were knowledgeable about people's medicines and any side effects and had regular training to keep them up to date with safe medicines management.

Staff reported any incidents and accidents that involved individuals, and these were well investigated and recorded. People's care needs were reviewed if needed and action taken when required. For example, an area of the home had been identified as a "pinch point", an area of the environment which could cause a person to experience behaviours which may be challenging to themselves or others. Changes were made to the layout of the area, which helped to reduce the number of times people experienced this type of behaviour.

## Is the service effective?

### Our findings

The service was not always effective. People's individual needs were not always met because the premises were not clean or well maintained. For example, floors were dirty, windows had not been cleaned for some time and there was dust and cobwebs in most of the rooms, including people's bedrooms and communal areas. People's rooms did not look or smell fresh and clean. When looking in one person's room the registered manager commented about the level of cleanliness and said, "It's not good enough". When talking about cleanliness in the home, one member of staff described how staff tidied up but did not always do a deep clean if they had time and, "We do our best, but people come first".

While the provider attempted to address some of these issues during the inspection, their response was reactive and not proactive. They did not have a maintenance plan in place, or identify when décor, furnishings and furniture should be checked and repaired or replaced. Three maintenance staff attended the premises to complete some of the tasks identified on day one. After inspection the registered manager sent us an action plan, which gave further detail about they intended to address the safety issues. These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premises and equipment.

People had their individual choices and needs regularly assessed and met. Support was provided in line with their identified preferences, current guidance and best practice. People's protected characteristics were considered when care was provided and staff made sure that people's complex needs were not seen as a barrier for people to achieve effective outcomes in their care. People were supported to use technology, such as a computer tablet, or specialist computer software to make their preference known, and to support them to be as independent as possible when making choices. For example, one person used a computer tablet so they could write using pictures, to let staff know what it was they wanted to do.

Staff understood how to involve people in decision making and made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific decisions on behalf of people who may lack the mental capacity to do so for themselves. Any best interest decisions made were person and decision specific and detailed how the person was involved in the decision making if possible. People were well supported with more complex health care decisions, and staff and others always acted in people's best interests.

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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for those people that lacked capacity. Where a DoLS had been granted, staff made sure they met the conditions of the DoLS.

Staff were supported with regular training, supervision and appraisal. Other training such as moving and handling and medicines administration were up to date. Staff had also completed training to enable them to meet the specific needs of people using the service, such as supporting people with behaviours that challenged and epilepsy. One member of staff explained how the training had supported them with a specific aspect of one person's behaviour, which had helped the person to remain calm more often, so they could then take part in activities they enjoyed.

People were well supported to eat and drink enough, as well as maintain a balanced diet. People took turns to choose what the meal would be, and then spent time making a shopping list. They were able to go to the local supermarket to buy the food for the recipe they had chosen. The person was then supported to prepare the meal for everyone living in the home. People then chose to eat together or on their own depending on their preferences at the time. Individual preferences around food were well catered for, and people were encouraged to make healthy choices around food and drink.

People continued to be supported to work with healthcare professionals so they maintained good health. The registered manager spent time advocating on behalf of people to make sure they had equal access to healthcare services, such as the dentist or mental health professional.

Everyone was registered with a doctor and staff and the registered manager made sure people had regular health checks and medicines reviews if they were needed. People's health needs were monitored by staff who took prompt action if people became unwell or their health needs changed. Staff actively sought support from the community learning disability team when they needed additional help meeting people's specific behavioural needs.

# Is the service caring?

## Our findings

People continued to be treated in a kind, respectful and compassionate way by staff who knew them well. The registered manager said that they cared "from the heart" and it's about "genuine, compassionate care" when talking about the support they provided. There was a relaxed atmosphere in the home and staff supported people to remain calm and engaged in the day to day activity in the home. People's privacy was respected and staff knew how people preferred to live their lives. Each person had their own room, and staff did not enter without the person's permission. People's confidentiality was protected and written records were locked away. One member of staff told us they felt "confident" with the care they provided because of the good "guidelines and paperwork".

People were given as much choice and control over their own lives as possible. Staff communicated with people in their preferred way, to help make their views known. This included using objects of reference and pictures, where appropriate. Staff also understood people's body language very well, and what a person was communicating with their actions instead of their voice.

For example, one person became agitated. The member of staff knew the best way to support the person was to withdraw and observe the person, to see if they were able to settle. When it became clear the person's agitation was increasing, they approached the person in a very quiet way and used gentle touch to comfort them. This enabled the person to become calmer and their agitation decreased. The caring action of staff had prevented the person from becoming so agitated they may have injured themselves.

People's dignity was respected. We observed one person who was discreetly and respectfully supported by staff with an area of their personal care. The person was proud of what they achieved that day to address this, and spent a happy and relaxed time talking with staff about their day and what they had done. The person looked happy and was smiling and there was a natural and relaxed conversation between staff and the person. When other people communicated their needs using their body language, for example turning their back to tell a member of staff they did not want to be with them, the member of staff respected their privacy and moved away.

People were involved in care plan reviews where possible, and in making their preferences known. Staff and the registered manager had worked with people over some time, and this experience enabled them to understand people's preferences so they could support people to be as independent as possible. People were encouraged to go on holiday, go shopping and spend time doing activities and hobbies which were important such as model building and choosing and watching DVDs. People were supported to maintain contact with their relatives and arrangements were in place to make sure these visits were continued.

Staff spoke positively and warmly about people. One staff member said the best thing about their job was "The residents, without a doubt, that's why I'm in this job". Another care worker proudly described how a person had been well supported with their mobility and medication, and were now much more independent and able to take part in a wider range of activities because of this.

## Is the service responsive?

### Our findings

People experienced care that was responsive, person centred and focused on each individual. Person centred care considers the whole person, their individual strengths, skills, interests, preferences and needs. For example, some people had attended college. One person was able to express that this was no longer a preference or interest for them, so staff at the service found another activity that the person enjoyed doing instead. This supported the person to be independent while taking into account their quality of life. People were encouraged to develop their skills in completing day to day tasks such as going to the post office and budgeting their money. These are important life skills and help people develop their confidence and autonomy.

People had their care needs regularly reviewed and their care plans and individual risk assessments were adjusted if needed. People's support plans were clear and detailed and gave staff the information they needed so they could give people the care and support they needed. This included people's personal histories, individual preferences and interests.

People were enabled to make choices and were helped by staff to be as involved as much as they could or wanted to be. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

People were supported with their communication needs and staff understood how to use pictures and objects of reference where appropriate. Some people also used Makaton to communicate. Makaton is a language programme which uses signs and symbols to help people to communicate. Staff and the registered manager had introduced a 'sign of the week', to help them learn more signs so they could develop their communication skills. Staff were responsive to people's individual needs and communicated well with people and each other. Staff responded to people's requests for support and people were helped to be as independent as they wanted to be. For example, one person needed support with their meal, and staff did this in such a way, it helped the person to enjoy their meal as independently as possible.

The provider had an appropriate complaints policy in place. No complaints had been made recently, and the registered manager said they would always try and address any concerns before a formal complaint was needed. Staff knew what to do if a concern was raised with them and would report it to the right person if needed, such as the senior person on duty or the registered manager.

Although no-one was being supported with end of life care at the time of the inspection, staff had considered what might happen in the future as people age. The registered manager said that if anyone did need end of life care this would be fully assessed at the relevant time. The registered manager also told us they would review how they would have those discussions with people, if appropriate, and their relatives or representatives in the future.

## Is the service well-led?

### Our findings

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. The service was not well-led. There was a lack of understanding of the key challenges for the service, particularly with the evident risks to people's safety. Responsibilities and accountability was not clearly understood by managers at all levels, particularly with regard to quality monitoring.

The registered manager said they completed a 'self-audit' as part of their quality assurance and believed these audits were 'good'. However, quality assurance processes were not fit for purpose and had not identified the significant safety concerns identified at this inspection. For example, when we looked at the shower room we asked the registered manager when the drain was last cleaned, or when the shower head had last been descaled. They told us they would not be able to check, as there were no records about this. A member of staff told us that audits don't, "Go anywhere" and don't "appear to feed onto anything".

There was a 'daily tasks' checklist for staff to complete, which included tasks such as 'toilet clean', which could then be ticked if completed. However, there was no guidance for staff about what this meant. It was not clear when the toilet should be cleaned, with what cleaning products and how frequently, or if 'toilet clean' was just a visual check. The registered manager confirmed they reviewed the records to see if they had been completed, but not what had actually happened, for example, was the toilet clean. He commented it had become a "tick box exercise" and there was "ineffective paperwork".

The décor throughout the home and flooring in some areas of the home were in a poor state of repair. Paintwork was worn or peeling and flooring looked old and tired. There were holes in plaster work, and where work in the home had been started, for example, moving a doorway, the work had not been finished properly. The plaster work was not finished off and the walls had not been painted. A communal bathroom had been half refurbished. There were new tiles on one wall, but another wall was bare plaster board. The bath was worn. The plastic coating had rubbed off and the internal plastic was showing through. The blind was broken and the toilet seat was coming off. The registered manager described the bathroom as "disgusting". They also said they had repeatedly asked about having a maintenance schedule, but there was none. The quality assurance processes being used by the registered manager and provider did not identify these concerns, so appropriate action could not be taken to make the necessary improvements.

The provider told us they had delegated the day to day management of their services to the nominated individual, which included quality monitoring. This was confirmed by the registered manager who said the nominated individual visited the home at least weekly to complete quality assurance, but these visits had reduced in frequency due to the nominated individual providing increased support at the providers other services. However, there were no records of these visits, and the registered manager could not explain what quality checks had been completed during these visits. The registered manager explained the nominated individual did write things down, but did not share this with them. The registered manager did not know if

this information was shared with the provider.

The registered manager and other staff repeatedly described how the priority for maintenance had been at another of the provider's locations, which had recently opened. They said they often asked for support with maintaining the premises, but it felt like "banging your head against a brick wall" because the provider did not take any action about their concerns. One member of staff said, "We don't see maintenance very often". When we spoke with the provider they acknowledged they knew the home needed some maintenance but they were "getting the other home up and running". The registered manager said they strived to, and were proactive about, meeting the regulations, but felt they did not get the support from the provider they needed to do this. The registered manager described how they had spoken to the nominated individual and provider about their concerns. However, no-one was knew what was happening with regard to the issues identified, and there was no written evidence from any managers to support what we were told verbally regarding this.

We arranged to return for a second day to complete the inspection, and to check the urgent safety concerns had been dealt with. However, when we arrived we found maintenance staff in the building and a considerable amount of disruption in progress. We were unable to complete the inspection as arranged, as we did not want to disturb people's daily routines any more than they had been. We spoke briefly with the registered manager who said they did not have enough control over the work being completed and that the maintenance work had been "imposed" on them. We agreed to visit for a third day so we could complete the inspection. This demonstrated a clear lack of communication between the manager and the provider. People's care needs had not been considered, and risk assessments had not been carried out to help support people with behaviours that may have caused them anxiety during the maintenance work.

When we returned on day three, we could see action had been taken regarding the cleanliness and the home was cleaner. The shower room had been cleaned and descaled, painting was underway and the front porch had been repaired. Plans to address the remaining concerns were explained verbally on the last day of the inspection and the registered manager followed this up with a more detailed written action plan which they sent to us after the inspection.

The registered manager said because they were low on permanent experienced staff, cleaning was not always done. This was so experienced staff could focus on each person, to make sure they continued to experience good individual care. Staff told us there was good teamwork and staff worked well together but there was low morale, and staff were tired because they were working extra hours to make sure people got the support they needed.

The above were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Feedback about the registered manager was positive, and all the staff we spoke to said they were a good manager and tried hard to get things right for people living at the home. The registered manager and staff wanted to promote a culture that was person centred and empowering. Staff aimed to deliver high quality care and to make sure people achieved good outcomes, both health wise and in their everyday lives.



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  The provider had done all that was practicable to ensure people experienced safe care and treatment.

**The enforcement action we took:**

We served the provider a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not made sure the premises was clean, well maintained or secure.

**The enforcement action we took:**

We served the provider a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have good governance procedures in place and had failed to identify monitor the quality of the service it provided.

**The enforcement action we took:**

We served the provider a warning notice.