Glendale Residential Care Home Limited

Glendale Residential Care Home

Inspection report

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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?	**Inadequate**

Summary of findings

Overall summary

About the service
Glendale Residential Care Home is a 'care home' which accommodates up to 20 older people who may or may not being living with dementia in one adapted building. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 16 people living at the service.

People's experience of using this service and what we found
The provider had delegated the daily running and quality monitoring of the service to the care manager. The service was not in a good state of cleanliness. The registered manager who failed to take enough action to ensure that people were protected from risk of infection. The care manager took immediate action to address this risk and mitigate future risk following inspection.

The registered persons had not acted to safeguard people from risk of scolding from exposed hot water pipes, despite previous assurances that they had taken this action following the previous inspection. Immediate action was taken by the care manager to mitigate this risk.

The provider consisted of two directors. The directors had failed to learn lessons from previous inspections about the importance of maintaining and safe and clean environment for people. The director's oversight of the service was poor and the service continued to breach regulations over a sustained period of time.

However, whilst we had serious concerns about the environment and investment at the service, we found that peoples care had improved.

Staff had been trained in safeguarding vulnerable adults. They told us that the care manager took safety concerns seriously and acted to rectify them. Although they often had to push for the provider to rectify issues around the service.

People and relatives told us they felt safe. Staff had been trained in safe care practices for moving and handling and we observed people were supported well.

Peoples individual risks, such as risk of poor skin integrity, pressure care and choking where clearly assessed and interventions in place to manage these well.

Medicines were managed safely, and the service had recently received an outstanding rating from local commissioning teams for their medication practices. Peoples medications were regularly reviewed with health care professionals and reduced or changed as needed.

The service had reduced peoples falls, infections and skin damage by working with Prosper, a collaboration

between local authority, universities and clinical commissioning groups focused on improving resident safety in care homes.

Staff understood the principles of mental capacity and people's right to choose how they wished to be cared for. Appropriate assessments had taken place when people were deprived of their liberty, and applications made to the local authority.

People had access to health and social care professionals to manage their physical and mental health needs. The manager had acted on concerns around poor links with dentists and now every person had a dental plan and dentist.

Peoples nutritional needs were managed safely, and dining experience had improved and was person centred. There had been significant dietitian involvement with people, but needs were now managed so well people had been discharged from this service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were very caring and treated people with dignity and respect and promoted their independence. They supported people to make daily choices about their care and activity. People told us staff were kind.

Care plans were in place to manage peoples identified risks in a person-centred way. One-page profiles gave staff clear guidance about how people liked to be cared for.

People were supported to maintain relationships important to them. Activities were stimulating, and the care manager worked with people, staff and relatives to identify potential new opportunities for people to engage with the local community, including open events at the home.

Staff had received end of life training. The care manager had acted on previous recommendations about improving discussions around end of life care and had developed information packs for relatives.

The care manager was proactive if people and relatives raised concerns and behaved in a compassionate way to people. Relatives, people and staff told us they were transparent and open.

Whilst the care manager carried out robust audit's issues found were not always acted upon by the registered manager who had the authority to make improvements that required investment. Following the inspection, the care manager immediately addressed the shortfalls we found to the environment and we met with the registered manager to discuss how they would ensure that environmental concerns were identified, managed and mitigated in the future.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 15 February 2019).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

Glendale Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of two inspectors.

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

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service, and one relative about their experience of the care

provided. We spoke with six members of staff including the care manager, senior care worker, care workers, and a work experience student. We spent time sitting with people and observing care and activities provided.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service. This including policies, procedures, quality audits and reports and minutes of meetings with people, relatives and staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service. We will meet with the provider to discuss the concerns find at the inspection.

Requires Improvement

Is the service safe?

Our findings

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

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

Preventing and controlling infection

- On the first day of inspection we found that the service was in a poor state of cleanliness. A relative told us, "It's the only area I have raised concerns about at relative meetings as they haven't been able to employ a cleaner."
- The home manager had informed the registered persons this was an area of concern and prior to our arrival had taken photographs to demonstrate the state of the carpets and unclean areas. However, the registered persons had failed to act to mitigate the risk of infection due to an unclean environment. We discuss this further in the well led domain.
- Single glazed windows in some places were in poor condition and we found mould embedded in the frames. The home manager told us, "We do use mould spray to try and combat this." However, the home improvement plan had not identified actions to mitigate the cause of the mould.
- Following the inspection, the service employed an external company to carry out a deep clean and put in place measures to ensure that cleanliness was maintained.
- Staff had access to gloves and aprons to support people with personal care needs and appropriate disposable of clinical waste was available. The care manager had identified that waste bins were not locking and had taken appropriate action to ensure these were mended on the day of inspection.

Assessing risk, safety monitoring and management

- Hot water pipes were exposed next to some ensuite toilets, and some falls at the service had taken place in toilet areas. Pipes were hot to touch, and this placed people at risk of burns if they fell against the pipes. Environmental checks had not identified these risks to people. The home manager immediately acted to review all exposed pipes and we verified this work had been completed.
- A rough chip was identified on the edge of a communal integral bath seat. This would risk peoples skin tearing and cutting if in contact. This had not been identified.
- Wardrobes and radiators had been attached to the walls, however some had come loose and not been reattached, placing people at risk of these falling on them if pulled. These were immediately secured following inspection.

Appropriate systems were not in place and action had not been taken to ensure people were kept safe from harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● The care manager explained that they had struggled to recruit a cleaner and a previous cleaning agency had been dismissed for poor work some time previously.

● Care staff had been unable to manage the cleaning on top of their caring responsibilities, which left the environment in poor state of cleanliness.

● The registered manager had not taken appropriate measures to ensure that there were sufficient competent staff to maintain the cleanliness of the environment whilst waiting to permanently recruit a cleaner.

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

● The home manager immediately carried out a deep clean of the environment following inspection and recruited a cleaning company to ensure the environment was maintained until such a time they could permanently recruit.

● Potential staff were recruited safely and all pre employment checks were carried out before they could work with people.

● The service had a dependency tool that had been put in place following previous concerns about staffing. We saw this was still be used effectively and people's dependency needs were updated and staffing increased when required.

● Staff told us, "We have enough staff we can still sit with people in the afternoon and do activities with them." A relative told us, "There always seems to be enough staff and the home manager always gets involved if needed."

● The service facilitated work experience placements and students were given good induction and supervision. A work experience student told us, "There always seems to be enough staff. I support with activities in the afternoon and its very good."

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

● Staff had been trained in how to identify and report concerns about vulnerable adults and received yearly training updates. The home manager made appropriate notifications to safeguarding authorities and to the care quality commission and developed action plans of how to mitigate future risks.

● One member of care staff us, "If I have a concern, I can tell the manager. They are very quick to act." A relative told us, "I leave here knowing my [loved one] is safe. If anything, ever happens like they had a fall or had become unwell staff would immediately call me. They are very transparent."

Using medicines safely

● Medicines were managed and stored safely, and regular audits took place. These identified if any improvements were needed.

● People who received additional [PRN] medication to manage distressed behaviour had regular medication reviews. The home manager was proactive in trying to find ways minimise distress caused by dementia to reduce medication needed, including working closely with mental health professionals, GPs and peoples loved ones.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were not supported in a physical environment that promoted effective care. The environment did not always meet people's needs and did not comply to the law. This is discussed further in the safe and well led domains. All other areas of care people received were effective.
- The home manager carried out assessments of people's needs prior to them coming to the service to make sure the service could meet people's needs. These were robust and identified people's preferences and choices.
- Staff knew people's preferences for basic needs, such as whether they preferred a bath or shower, meal and drink preferences, where they preferred to sit and who they preferred to spend time with.
- At the last inspection we found that peoples religious needs had not been properly identified and supported. We made a recommendation about this. At this inspection this had improved. Where staff did not understand different beliefs, the manager had encouraged conversations with people to explain to staff what their beliefs meant to them.

Staff support: induction, training, skills and experience

- Staff were required to shadow senior care staff during their induction to the service.
- Staff completed the care certificate, a set of 15 agreed standard skills that all care staff should be competent in.
- The home manager carried manager carried out staff supervisions every other month and ensure staff were supported and happy in their work and address any areas of practice that needed improvement.

Supporting people to live healthier lives, access healthcare services and support

- The home manager had reviewed CQC's review of oral hygiene in care homes and identified that people living at the service were not registered with a dentist. They took appropriate steps to find a dentist that could accommodate people. People had appropriate dental equipment in their rooms, used to manage their dental hygiene.
- Privately funded people paid additional money for staff time to escort them to health appointments if their relatives were unable to take them. Staff came in on their days off to facilitate this so as not to deplete staffing at the service. People and their nominated had signed to consent to this process as part of their contract with the service.

Supporting people to eat and drink enough to maintain a balanced diet/ Staff working with other agencies to provide consistent, effective, timely care

- The home manager had carried out reviews of the dining experience and identified it had been poor. They

purchased new dining tables and monitored how people engaged with eat other and eat. Consequently, they were able to identify best seating arrangements for people. A relative said, "[person] likes socialise and chat. Before they would be on a long table without others that could engage with them now, they sit with people able to engage. Its improved the experience for them."

● The home manager told us, "We now also make sure that people get a hot drink after their meal at the table. Like a fine dining service. This allows them time to let their food go down."

● People and relatives told us the food was tasty. A person said, "It's very nice food. If I don't like something, they will make me something else but honestly it's not often I don't like something." A relative told us, "The food has really improved with the new chief. It looks and smells amazing."

● People at risk of choking had appropriate care plans that incorporated health professional guidance following on from SALT, [speech and language therapists] and dietitians. Staff understood people's needs.

●The home manager had introduced a Prosper initiative to introduce the 100 calorie boosters for people at risk of malnutrition. This included rich milkshakes. They weighed people according to their individual needs to monitor weigh gain and loss. For those at risk of obesity they were also offered milkshakes and snacks, but lower fat versions.

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

● At the last inspection we found that improvements were needed to make the environment dementia friendly. This had improved, and dementia friendly signs were placed around the service to orientate people.

● The home manager had identified how people used the space available and adapted the layout of the service providing people with a comfortable quiet area and making better use of a living for activities and television. A relative told us, "They have really improved the layout. People used to be just all hunched in one area." A person said of the quiet space, "I like it here. It's nice, very comfortable."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The home manager had applied for the deprivation of liberty safeguards for people appropriately and systems were in place to chase these up.

● Best interest assessments had been carried out when restrictive practices were used to keep people safe, such as bedrails to prevent falls. Least restrictive options had been considered, such as lowering beds and sensor mats.

● Staff worked with in the principles of MCA, ensuring that they asked for consent before supporting people, and gave people options and choices within interactions. Supporting people's ability to choose and consent was documented within all care plan interventions.

Good

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence
- Staff supported people with their personal care needs discreetly, respecting people's privacy and dignity.
- People were supported to be as independent as possible with their care tasks. The home manager always made sure that people had access to their mobility aids to move around the home, and these were maintained and checked regularly.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff were observed to treat people with kindness and compassion in all interactions. It was clear that people valued these relationships and they responded to staff well.
- One member of staff told us, "If I can make a person smile and feel good about themselves then I go home happy and I can sleep well. I love my people."
- A person told us, "The carers oh they are so nice. Very kind to me." A relative said, "The home managers excellent. Very kind and approachable."
- One person living with dementia had commented they were unhappy with their hair but was worried about seeing the hairdresser. A member of staff used gentle reassurance and banter to make them feel comfortable and supported them throughout their time with the hairdresser. The person was thrilled with the results. The care staff told us, "It takes just a little time and makes people so happy if you just sit and reassure them and tell them how beautiful they are."

Supporting people to express their views and be involved in making decisions about their care
- People were invited to resident meetings every month. Whilst many people had memory difficulties, meeting minutes confirmed that the manager had sort people's views.
- Staff did not challenge people when they talked about wanting to leave the service to "go home." Staff recognised the best way to support a person with dementia is to support them in their story and use distract and engagement in other activities. This reduced people's frustration, upset and need for medication to manage distress behaviours.
- During a relative meeting a relative commented "I am so pleased with the service and how [loved one] is being looked after especially the outings and entertainment and quality of the food there is a big improvement."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Improving care quality in response to complaints or concerns

- A policy and procedure was in place for raising complaints and concerns, although at the time of inspection the service had not received a compliant for over seven months.
- A relative told us, "The manager is excellent, and they always listen to me if I have any concerns and respond quickly. Once I found my [loved one's item of clothing] had shrunk. They immediately apologised and offered to reimbursed me for new [item]."
- The manager told us, "I take any concerns or complaints as an opportunity to improve. I want people to tell me if things can be better and they should feel able to do so without worrying about it."

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

- A relative told us, "I trust all the staff here. They know [person] well and how to help them. They had become a little unsettled and the manager approached me and said let's work together to try something new and we are now changing the bedroom furnishings and decoration to help my [loved one] settle. I really appreciated that." The person told us, "They are making my room nice. I like it very much."
- The manager had used one-page profiles to inform staff of people's needs and preferences which was kept in people's bedrooms. Each person was assigned a keyworker who supported them with additional needs, such as topping up toiletries, organising birthday treats and liaising with family.
- The home manager had thought creatively when a person began to refuse their medication and food due to mental ill health and worrying staff were putting medicine in their food. They encouraged the person being involved with making their meals at the table. Staff were able to regain the persons trust to mitigate the need to give medications covertly, such as putting medications in food.

Meeting people's communication needs

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

- Staff were given instructions about how to maintain and manage people's glasses and hearing aids and we saw that when needed people had these aids in good condition.
- Most people living at the service were living with dementia and unable to understand their plan of care. However, the manager ensured that where possible relatives were involved in identifying peoples care preferences, including information about peoples past lives and what mattered to them.

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

● At the last inspection we found that activities provided to people and access to the community needed to improve. At this inspection we found people had good access to various activities in and outside the service. This included trips to the beach in warm weather, trips to garden centres and the theatre.

● However, people had to rely on family to help take part, to drive people to places. The home manager said, "I do also look around about what is available in the community re transport. But we are quite rural." The care home did not have access to their own transport.

End of life care and support

● At the last inspection we found there had been minimal discussion with people and relatives about their end of life wishes. At the time of inspection, the service was not supporting people at the end of their lives.

●However, the home manager had made improvements to this process. In addition to starting discussions with people on admission to the home, the home manager had also made up packs for relatives to take home and look at about planning for end of life care. This included support available to relatives following people's death.

Inadequate

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Whilst we found that the home manager had made some improvements to the care people received, we found continued shortfalls for the registered person regarding oversight of the safety and maintenance of the environment.
- This included a lack of learning from previous inspections where the service had breached regulations of the Health and Social Care Act 2008. For example, ensuing water temperatures were safety maintained, furniture was safety fixed to walls, hot water pipes were covered, and that there were enough competent staff to maintain the cleanliness and safety of the environment.
- The service had a home improvement plan, but improvements were focused on basic maintenance and did not address all areas of concern found at this inspection.
- The failings identified in this report demonstrate that the provider has been unable to achieve a good rating since 2017.

The provider had been unable to achieve a good rating since 2017. This combined with the continued failings identified during this inspection were a breach of regulation 5 (Fit and Proper Persons: Directors)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had delegated the daily running of the service to the care manager. Staff told us they rarely visited the service. One said, "The registered manager comes in once a month or sometimes weekly. When they come in, they check the bedrooms and bathrooms."
- Governance process in place did not identify all areas of concerns we found at this inspection.
- Although the home manager had identified some concerns to the registered manager around the cleanliness of the service, the registered manager had failed to take appropriate actions to immediately address these risks. One member of staff told us, "The home manager has to push for changes to be done."

Governance processes in place were not robust and action had not been taken to rectify risks. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager made the appropriate statutory notifications to the commission and other professional bodies, in event of deaths, injury and safeguarding.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

● At the last inspection in the registered manager had given assurances that hot water pipes had been boxed in to prevent the risk of people falling against and suffering burns.

● At this inspection we found that 10 out of twenty bedrooms still had exposed pipes. This continued inaction demonstrated a lack of understanding to the risks to people. The home manager took immediate action at this inspection to mitigate this risk in the absence of the registered persons.

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

● The registered manager and provider rarely visited the service. They did not attend relative, staff and resident meetings, preferring to delegate all responsibility to the care manager.

●The home manager had an open-door policy. At the start of the inspection we found a person sitting with the manager in their office chatting. A relative told us, "The manager always has their door open and sits and chats to the residents."

● Staff told us, "[Care manager] is lovely, very nice. I wasn't sure to begin with as they know what they want but they want what's best for people and I like that," and "I can tell them any concerns they will act very quick to make it right. They always listen." Another said, "The home managers very good and asks us for the right things and wants what is right for people."

● Monthly meeting minutes demonstrated that the home manager was open and transparent about when things went wrong, and when things had gone well and informed people, relatives and staff of what they were doing to put this right.

Continuous learning and improving care

● The service had been unable to sustain a good rating for four years, with environmental and staffing concerns continuing to impact on the safety of people and staff using the service. When improvements in these areas were made, they were not sustained.

● The home manager and care staff had made improvements to the quality care and meaningful activity for people, something that required improvement from previous inspections.

● Relatives had commented during meetings about the improvements the home manager had made. One said, "Since [care manager] has been her they have made so many improvements. I would be incredibly sad if they left."

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

● Monthly staff, resident and relative meetings took place and minutes were shared with people and the home manager requested feedback, shared the services progress and discussed any issues at the home.

● The home manager had introduced a suggestion box, and we saw that people's suggestions were discussed meetings and if people agreed these were actioned. One such suggestion was to put flower baskets outside the home to make it more welcoming. The home manager had put together plans to fund it in the spring.

● The home manager had recognised that people living at the service often walked with purpose during the day and the environment did not provide meaningful focal points for them to stop and rest and gain purpose.

● The home manager and staff had raised money through fund raising and had plans to create a dementia village. They told us that fundraising was a team building exercise for the staff while also involving residents and their families.

● People living at the home had chosen what type of shops they wanted. The home manager told us, "Our

plan is to make, a post-office and store down the long corridor where people walk giving them focal points to sit down and pick things up. We are also going to make a café area as people chose that when we showed them the pictures." Meeting minutes for people and relatives demonstrated they had been consulted in this process.

Working in partnership with others

- The home manager had engaged with external health and social care professionals well, contacting them if they had any concerns or needed external input into people's care
- The home manager undertook robust investigations following incidents, such as falls, using tools developed by Prosper to mitigate future risk and identify if the service needed to improve. They also utilised all training opportunities for staff offered.

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 5 HSCA RA Regulations 2014 Fit and proper persons: directors The directors had failed to address previous concerns identified at inspections and learn lessons in order to provide a safe environment for people to live in. They continued to have poor oversight of the service and when concerns were identified from the services own governance processes, had not taken swift action to mitigate risks to people. They had not complied with health and safety law in regards to responsibilities of care homes.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to take action to address serious shortfalls in the cleanliness and the safety of some fixtures and fittings at the service, and this left people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The Governance processes in place did not identify all the concerns we found regarding the environment. Where concerns had been identified the registered person had not taken action to mitigate risks to people as identified in this report.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The service did not have cleaning staff and the environment was unclean. Action had not been taken to ensure that the service was cleaned whilst recruitment of cleaning staff took place.