

R D & K M Putterill

# Penlee 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?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on the 12 November 2018. The last comprehensive inspection took place on the 21 April 2016. At that time the service was rated Good. At this inspection we found breaches of regulations and the service was rated Requires Improvement.

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.

Penlee is situated close to the centre of Penzance. The service is registered to provide accommodation for up to 25 predominantly elderly people who need assistance with personal care, including those with a dementia related condition. At the time of the inspection there were 23 people living at the service. The service is situated over three floors which are served by a passenger lift and stair lift. Some floors have staggered landings meaning people using rooms close by require mobility to use a small flight of stairs. All but four rooms had en-suite facilities and there were enough assisted baths and showers to support people. A lounge and dining room were situated on the ground floor as well as two conservatory areas. The rear ground floor conservatory included an office area. There were a range of aids and adaptations to support people with limited mobility.

During the inspection of April 2016, we made a recommendation that the service improved how it monitored food storage. This was because we saw that stored food kept in the refrigerator was not dated and cold meat had been left out uncovered in preparation for lunch at least 45 minutes before it was served. At this inspection we found improvements had been made and the service was following current food management guidance.

At the previous inspection we found people who lacked capacity had the potential to be at risk because there was not a suitable locking system on the front door. During this inspection we found a key pad lock had been installed and this mitigated risks to people, but did not constrain people who were safe to come and go when they wanted to.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Guidance for staff in respect of managing risk were not always in place. There were portable heaters in several first and second floor rooms. However, there was no evidence of risk assessments in place to protect or mitigate any potential associated risks to people. This meant staff might not have the information they needed to support and keep people safe.

Most windows on upper floors had window restrictors to keep people safe. However, in one room one of the restrictors was broken and in another there were no restrictors in place on the sash window. This meant

people using these rooms may have been at risk.

The environment was not being effectively maintained. For example, several radiators on the first and second floor were not working and people relied on portable heaters to keep warm. One room had a window which did not close properly and towels and paper had been used to try and stop the cold air coming into the room. There was a refurbishment programme in place and the dining room had recently been decorated.

Suitable equipment for monitoring people's weight was not available. Seven people were physically unable to use the stand on scales. There were no other options available to monitor people's weight which is an early indicator for a person's change in health. We discussed this with the registered manager who had come to an agreement with the registered provider to purchase sit on scales. This would support people who had limited mobility.

Staff had been recruited safely, received relevant training relevant to their role and were supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We observed staff providing support to people throughout our inspection visit. The staff were kind, patient and treated people with respect.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included, staff meetings. In addition, resident and relative surveys were collected to seek people's views about the service provided.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. However, pictorial menus would support people living with dementia more effectively. People told us the food was good. One person said, "The food here is of a good quality, and there's always sufficient."

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. Supplies were available around the building for staff to use when they needed them.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. However, they were not all effective. For example, not identifying potential environmental risks to people.

At this inspection we found the service to be in breach of regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

## 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.

Risks to people's safety associated with the environment were not always being effectively managed.

There were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Some radiators were not working meaning people relied on portable heaters to keep warm when using their own room.

Maintenance of a window had not been addressed to ensure effective closure.

Suitable equipment was not available to monitor some people's weight.

People were provided with choices from a variety of nutritious food.

Records showed staff received training and regular supervision to underpin their knowledge and skills.

**Requires Improvement** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service was not totally well led.

Quality assurance systems were in place. However, records

**Requires Improvement** ●

reporting on risk associated with portable heaters and window restrictors were not always in place which meant the risks to people were not mitigated.

There were clear lines of responsibility and accountability at the service.

Staff were supported by the management team.

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# Penlee Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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 unannounced inspection took place on 12 November 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service; this included 15 people who lived at Penlee and four relatives, five staff members and the registered manager. We also spoke with a visiting health professional during the inspection.

We looked at care records for three people who lived at the service and the training and recruitment records of three staff members. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

During the inspection we found several rooms on the first and second floor of the service had portable heaters. Some people chose to stay in their rooms during the day with the portable heaters on. All heaters were unguarded or not covered and in some instances, there were risks from trailing leads. There was no evidence of risk assessments in place to identify and mitigate risks to people associated with the use of these appliances. This meant staff might not have the information they needed to support and keep people safe.

Most windows on upper floors had window restrictors fitted to keep people safe. However, in one room one of the restrictors was broken and in another room, there were no restrictors in place on the sash window. This meant people using these rooms were at risk.

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

The registered provider notified us within 48 hours that the broken window restrictor had been repaired. Also, that the missing restrictor was now in place and that risk assessments where necessary had been carried out in rooms where people wanted to have portable heaters. We remained concerned that the systems in place to ensure people were safe from risks associated with the premises were not effective. We will check this at our next inspection.

During the inspection of April 2016, we made a recommendation for that the service to improve how it monitored food systems storage. This was because we saw that stored food kept in the refrigerator was not dated and cold meat had been left out uncovered in preparation for lunch at least 45 minutes before it was served. At this inspection we found improvements had been made and the service was following current food management guidance.

At the previous inspection we found people who lacked capacity had the potential to be at risk because there was not a suitable locking system on the front door. During this inspection we found a key pad lock had been installed and this mitigated risks to people, but did not constrain people who were safe to come and go when they wanted to.

Risk assessments included how to support people safely with moving and handling, nutritional needs and the risk of falls. Where these risks had been identified there was guidance for staff on how to support people appropriately to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, the assessments stated what equipment was required and how many staff were needed to support a person to move safely.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken to mitigate further risks through a review process and updating staff. There were no specific trends or patterns in the records of accidents we viewed.

Staff said they felt confident that people were always treated well and that they did everything to ensure their wellbeing. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service if they had any concerns or suspected abuse was taking place. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

The service was in the process of changing medicines systems so they were kept securely in people's own rooms. This was to promote a more person-centred approach to medicine administration. A staff member told us, "It makes it much more flexible for residents and I feel it's safer." People were receiving their medicines at the times prescribed.

One person was managing their own medicines. There was a risk assessment in place which the person had consented to. They told us the issue had been explained fully to them. They told us, "I know I've come to live here but I am more than capable of taking my own medicine." Medicine audits were identifying where errors had occurred.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. Medicines which required stricter controls were stored safely and records showed they were being audited regularly by senior staff. Staff responsible for medicines had the knowledge and skills to manage them safely and there were regular updates in medicines training.

We spoke with people who lived at the service and family members who all told us they felt they or their relatives were safe and had confidence in staff to ensure people were cared for. One person said, "It's such a wonderful place to live. My family can visit me at any time, and I feel so secure living here." Another told us, "It's safer overall for me to live here. Being alone at home with no neighbours troubled me."

Staff told us that there was now an additional staff member on day shift which meant there were sufficient staff to provide support when people needed it. Staff worked in numbers that were necessary to support people.

The accommodation was spread over three levels and there were numerous corridors. However, we observed that there were sufficient numbers of staff to meet people's needs in all areas of the service. People told us they never had to wait long for staff to answer their calls. We observed this to be the case throughout the inspection.

There were systems in place to recruit staff safely and to ensure recruitments checks were in place prior to staff commencing work. The services application form did not ask for a full employment record with gaps explained. The registered manager agreed to amend the record with immediate effect, to ensure it met with Schedule 3 'Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were measures in place to reduce the risk of cross infection. We observed staff using personal protective clothing when carrying out tasks. Disposable gloves and aprons were available in all areas.

Equipment had been serviced and maintained as required. Records were available confirming fire systems, gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the premises.

The service held personal evacuation plans (PEEPS) so that in the event of an emergency staff and first responders would have current information about each person.

## Is the service effective?

### Our findings

We found the environment was not being effectively maintained. For example, several radiators on the first and second floor were not working and people were reliant on portable heaters to keep warm. In four of the rooms we visited, we found portable heaters were being used because the main radiator was cold. One room had a window which did not close properly and towels and paper had been used to try and stop the cold air coming into the room. People told us they were cold. They said, "My room is routinely cold in the morning. They say they're seeing to a problem with the heating, but it's been cold for over a week now and nothing seems to be happening about it," "This room gets so cold. The window doesn't close properly and it's moving into winter now" and "It's warm in here today – for a change. This time of year, it's generally warmer outside." The heating was inconsistent, as other areas of the service were very warm with one person telling us, "If anything, my room is too warm. As you can see, the window is open for fresh air and to cool it down." However, the impact on people whose rooms were not heated effectively was evident.

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

The registered provider informed us within 48 hours that the heating issue was now fully operational. We remained concerned that the systems in place to ensure people were safe from risks associated with the premises were not effective. We will check this at our next inspection.

Suitable equipment for monitoring people's weight was not available. Seven people were physically unable to stand on scales. There were no other options available to monitor people's weight which is an early indicator for a person's change in health. We discussed this with the registered manager who confirmed to us that the registered provider had proposed purchasing sit on scales. This would support people who had limited mobility.

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. They said, "The girls that care for me are lovely" and "I find the carers to be wonderful."

People's needs and choices were assessed prior to moving to Penlee. The registered manager visited the person either at home or hospital, to carry out an assessment which took account of their physical and emotional needs. The registered manager told us it helped them assess whether Penlee would be the right place for the person. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service. One person who had recently moved to Penlee told us the registered manager had helped them understand what to expect when moving into the service. They told us they had all the information they needed and that anything they were unsure of was communicated to them whenever they had a query.

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 with appropriate legal authority. 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. At this inspection we found the registered manager had acted to undertake mental capacity assessment for people where restrictions were required. The registered manager had submitted these assessments to the supervisory body for authorisations under the Deprivation of Liberty Safeguards (DoLS). Staff were aware of what restrictions meant and attended training in the Mental Capacity Act.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting regularly and were there on the day of the inspection. They told us the service was responsive and they were confident in the staff team's knowledge and skills to follow advice and direction. Other healthcare professionals visited to see people living at Penlee when required. We saw people had seen their optician and podiatrist as necessary. A family member told us the manager kept them up to date with their relative's health and if any changes occurred.

Staff were aware of the importance of giving people the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf.

There was no use of assistive technology to support people. However, the registered manager was considering using iPads to support people to communicate with relatives or friends who lived in other areas, including overseas.

Records showed staff received regular formal supervision to discuss their role, training needs and updates on operational issues. New staff completed an induction which included familiarising themselves with the service's policies and procedures and working practices. The induction also consisted of a period working alongside more experienced staff getting to know people's needs and how they wanted to be supported. A new member of staff told us they felt very supported by the registered manager and the whole staff team. They said, "We work really well together as a team. Very supportive."

Lunchtime was an inclusive experience and everyone was able to participate in this social occasion. People of differing abilities were seated together with staff supporting people as they needed it. Specialised equipment was available to help people eat independently. Tables were grouped together to allow people to chat together. Tables were set with cutlery, linen and crockery, and a choice of drinks were offered. Some people had chosen to eat separately in their rooms, and this was respected and facilitated by the care staff. In addition to menus pictorial menus would support people living with dementia more effectively. People told us they liked the meals and said, "You can just eat whatever takes your fancy. If you don't like what's on the menu then ask and you can have an alternative" and "In between meals there are snacks, you know, savoury such as cheese and biscuits or sweet such as cakes, you rarely go hungry." Staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet.

## Is the service caring?

### Our findings

People who lived at Penlee told us they were happy and felt the care provided for them was very good. Comments were positive and included, "I can't fault it here. Everything about my care here is marvellous," "I'm very happy living here. I've no family and I look on everyone here as my family instead," "The carers do a grand job, they see to it that I am washed and dressed every day." Relatives told us, "I find the atmosphere here caring and friendly. I visit my relative at a range of different times and days, and it's always consistently good here" and "I have no doubt my relative's care needs are being met here."

Staff demonstrated a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Penlee were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them. Staff took time to talk with people and put them at ease if they appeared confused or distressed. For example, one person had limited communication due to a health condition and chose to stay in their room. Staff members regularly went to the room to check on the person's welfare and engage with the person. For example, talking about topics that they were familiar with. This demonstrated the staff understood how to effectively communicate with people according to their individual needs and preferences.

Staff were supported by a training programme. A training matrix showed staff had access to a range of training which reflected the needs of people using the service. However, there were some training gaps, for example not all staff had completed end of life care which would provide them with the knowledge and skills to deliver care at the end of people's lives using good practice guidance. The registered manager was aware of this and looking at sourcing end of life training for staff.

We spent time in one of the lounge areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We observed staff responding in a caring manner towards residents. For example, assisting a person to eat their lunch and engaging with a resident with a book about gardening. Staff appeared to have time for people, both in meeting their immediate and basic care needs, and in being able to socialise and spend time with them.

People could make choices about their daily lives such as what time they got up in the morning and went to bed at night. People could choose where to spend their time, either in the lounge areas or in their own rooms. Staff regularly visited these people to have a chat with them and check if they needed anything. This ensured people were not at risk of social isolation. A staff member told us, "It's important we check on residents who are either in bed because they need care or just use their rooms. Even if it's just to have a chat or check everything is OK."

People told us their privacy and dignity was always respected and this was observed during the inspection. We observed staff members knocking on bedroom doors and waiting to be invited in before they entered. People said staff respected their choices and their independence was promoted. People were supported by

staff who helped to maintain their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and could visit at any time. People could see their visitors in one of the lounges or in their own room. We observed staff greeted visitors on arrival and made them feel comfortable. One relative told us; "I am always made to feel welcome and I can come anytime."

## Is the service responsive?

### Our findings

People who lived at Penlee told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about what they wanted to do. For example, one person wanted to go out. Staff talked with them about when they might be back and if they wanted lunch saving. The person told us, "I love to go out and so long as I make sure they [staff] know, there is never a problem. They just need to know so that its safe."

The management team recorded information in care records that referenced people's preferences to their care and support. For example, this included their wishes about personal care, activities, meals and getting up/going to bed times. Other information contained in care files included the person's family and life history where possible to assist staff to better understand them. This information was regularly reviewed so it was accurate and reflected any changes in health or welfare.

People who wished to move into the service had their needs assessed to ensure the service could meet their needs and expectations. People were given the opportunity to agree with the content of care plans. If the person did not have capacity to do this their legal representatives were involved in the process in line with legislation.

Daily handovers provided staff with information about people's needs and kept staff informed as those needs changed. Staff were responsible for recording when care had been delivered as soon as possible after to ensure the information was accurate and reflective of any changes. Staff on duty told us they thought this was a good system and they had the time to update care records.

People sometimes needed regular monitoring because of a decline in their health. For example, one person had recently been having their food intake monitored and some people had their skin checked regularly so staff would be aware of any deterioration. Monitoring records were completed appropriately. This meant staff could monitor and respond to people's health effectively. A visiting health professional told us the registered manager, deputy manager and care staff work closely with them and responded to any advice or requests from the district nursing service.

There was an activity coordinator who worked during the week in the afternoon period. They were experienced and their time was spent focusing on small groups or individual support. We observed them engaging with people as a group with activities that encouraged participation. It was clear people were enjoying the activities. People said, "We do lots of things. I pick and choose the activities I want to take part in, but they are all well received" and "We have an activities co-ordinator, and quizzes, music, guests that come in to see us, so there's always plenty to keep us occupied." Where staff provided one to one support this focused on the person and their mood determined if they would do something active or relaxing such as reading or hand massage. The service had a mini bus and people told us they enjoyed weekly outings to various places around the area.

The service was working with the local museum to come into the service and support reminiscence therapy

sessions which were aimed at supporting people to talk about past experiences using local prompts from the museum.

The service responded to people's needs as they were entering the final stages of their life. Supporting people and their families through end of life was an essential and continuing part of care by the service. The service had arranged for medicines to be used if necessary to keep people comfortable. Where possible the registered manager and staff gathered as much information during the assessment and review process to record information that would support the person and their family when entering the final stage of their life. For example, choice of funeral and informing people who were significant in the person's life.

All adult social care providers are legally required to provide people with information they can access and understand in line with the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people. For example, there was information on whether people required reading glasses, hearing aids and any support they might need to understand information.

The service had a complaints procedure which was available to people. Contact details for external organisations including social services and CQC were in place should people wish to refer their concerns to those organisations. A relative told us they were very confident in the service listening and responding to issues because they were dealt with straight away. They told us, "If I'm not happy about [Person's name] care or anything else I would be happy to speak with [Registered manager]. I feel confident things would get sorted out."

## Is the service well-led?

### Our findings

Although we found the provider had systems in place to monitor the health, safety and welfare of people, it was evident these were not effective. For example, people's risks were not always being managed as no risk assessments were in place, where portable heaters were being used and there were some window restrictors missing. Governance systems had failed to identify and respond to these risks.

The audit systems had not highlighted the need for maintenance to be carried out on windows and the heating system. A room audit we saw on inspection did not have checks to identify the rooms heating levels or that window restrictors were in place and functioning.

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

The registered provider responded within 48 hours of this inspection to inform us room audits now included checks for heating and window restrictors. We remained concerned that the audit systems in place to ensure people were safe from risks associated with the premises were not effective. We will check this at our next inspection.

There were clear lines of accountability and leadership at provider and management level. The management team consisted of a registered manager, supported by the registered providers on a regular basis. Senior care staff supported more junior staff. Some staff members had been working at Penlee for many years. Comments were positive and included, "[Registered manager] looks after us very well. I expect you can take any little problem to her and either she or [Registered provider] will fix it for you" and "The one word I use over and over again about Penlee is kind. The staff are so kind to my relative and [Registered manager] is wonderful. I truly have peace of mind knowing my relative is living here."

The management team had a number of ways to measure people's satisfaction of Penlee. For example, surveys were sent to residents and families every six months. The most recent survey was positive and people were overall satisfied with the service provided.

Records demonstrated people were spoken with regularly on a one to one basis by the registered provider and registered manager. This was to engage with them verbally about their care and support as well as asking for their views. However, there was no system for group meetings with people living at the service or with families. Group meetings would be an opportunity for people to share their views about the service and discuss topics. For example, meals, activities and events.

Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two-way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of everyone. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

Staff told us regular meetings supported them as a staff group and they felt they were encouraged to share their views.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work. There were policies and procedures to support the management team in this.

The management team had a range of audits in place to continually monitor and improve the standard of the home. These covered, for example, medication, the environment, care files and infection control. All audits included dates of when completed, any identified issues, actions to be undertaken and due date for completion. Actions were signed off when achieved. This demonstrated the registered manager had good systems to maintain everyone's welfare.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's and district nurses.

The management team were very visible and worked in the service daily so were aware of day to day issues. The managers believed it was important to make themselves available so staff could talk with them, and to be accessible to them. The focus was to have a clear strategy to deliver quality care and support.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment must be provided in a safe way for service users.  All premises and equipment used by the service must be properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Maintenance systems were not effective in ensuring people lived in a well maintained environment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service.