

NA SS Care Limited

Stanmore Residential Home

Inspection report

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Date of inspection visit:
22 March 2018
23 March 2018

Date of publication:
27 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 23 March 2018. Stanmore Residential Home is a 'care home' which is registered for a maximum of 27 older people who may have dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 23 people living in the home.

Our previous inspection on 21 April 2016 found three breaches of regulations. We rated the home as "requires improvement". At that inspection, we found there was no environmental risk assessment of the home in place. People using the service were not protected against the risks associated with unsafe or unsuitable premises because fire doors were not closed and held open by a wedge and items that may be hazardous to health were not stored safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe care and treatment. We served a warning notice in relation to this. We carried out this focused inspection on 30 August 2016 to check what action had been taken. We found the provider had taken steps to comply with the regulation and addressed our concerns in relation to people's health and safety. There were arrangements in place to identify any potential health and safety risks to people using the service. Monthly environmental safety audits were being conducted to identify any health and safety issues. Fire safety concerns identified had been addressed.

We also found a breach of Regulation 15 HSCA RA Regulations 2014 relating to The Premises and equipment. We found people using the service were not protected against the risks associated with unsafe or unsuitable premises because the premises and equipment were poorly maintained. At this inspection we noted that issues mentioned in the previous inspection report had been rectified. However, we noted that there were other deficiencies such as glass panels of two windows in two bedrooms which were cracked and the window restrictors in two rooms were defective. This is a breach of Regulation 15 HSCA RA Regulations 2014 relating to Premises and equipment.

The third breach was in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. At our previous inspection on 21 April 2016 we found the systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. At this inspection we found that the service had taken action to comply with the requirements made. There was a system of audits and checks to ensure people received the care they needed. We however, noted that further improvements were needed to ensure that checks and audits were more comprehensive and covered all important areas so that the service could promptly rectify deficiencies identified. We have therefore made a recommendation for the service to review its system of checks and audits to cover all important areas.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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.

Some arrangements were in place to keep people safe. Care workers understood how to safeguard the people they supported. There was a safeguarding adults policy and care workers had received training in safeguarding people. They knew what action to take if they were aware that people who used the service were being abused.

People's individual needs and risks were identified and managed as part of their plan of care and support. Risk assessments contained guidance to care workers on minimising potential risks to people.

There were arrangements for ensuring fire safety. Fire alarm tests and drills had been carried out. Personal emergency and evacuation plans (PEEPs) were prepared for people and these were seen in the care records.

There were suitable arrangements for the recording, storage, administration and disposal of medicines and we noted from the records that people had been given their medicines as prescribed.

Care workers had been carefully vetted and the appropriate checks prior to them being employed had been carried out. The staffing levels were adequate. Care workers had received essential training, supervision and appraisals from the registered manager.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. We however, found that the service did not ensure that the premises were well maintained. The glass panels in two bedrooms were cracked. The window restrictors in two rooms were defective. Failure to ensure that the premises were properly maintained placed the safety of people at risk is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Premises and equipment. The registered manager confirmed to us soon after the inspection that these defects had been repaired.

There were arrangements for the provision of meals to ensure that people's dietary needs and preferences were met.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found evidence in the care records that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

Care workers were aware of the human rights of people and the importance of treating people with respect and dignity and promoting their independence. There was a policy on promoting equality and valuing diversity (E & D) and respecting people's individual choices, beliefs, culture, sexuality and background. Care workers were aware of the importance of treating people as individuals and ensuring that their diverse needs were attended to.

People received personalised care. Their care plans were informative and included details of people's individual preferences and needs. This enabled care workers to provide people with the care and support they needed. There was documented evidence that people's care had been reviewed with them and their representatives.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held for people and the minutes were available for inspection. The home had an activities programme and people were encouraged to be as independent as possible and participate in social and therapeutic activities.

There was a complaints procedure and relatives knew who to complain to. Complaints made had been promptly responded to.

Checks and audits had been carried out. We however, noted several deficiencies which the service had failed to identify and promptly rectify. These included glass panels of two windows in two bedrooms which were cracked and the window restrictors in two rooms were defective. The above demonstrated that there was a lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service. This may affect the safety and quality of care provided for people and is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

Soon after the inspection the registered manager informed us that a decision had been made to close the home. The home had submitted an application to cancel their registration. In addition, they had informed people who used the service, their relatives, care workers and the commissioning authorities involved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe.

We found deficiencies in some areas of the home which posed a safety risk to people.

Some care workers informed us that staffing levels were inadequate. This was promptly responded to with additional care workers being allocated soon after the inspection.

There were arrangements for safeguarding people. Care workers had been provided with training and were aware of action to take when abuse was suspected.

Risk assessments had been carried out to ensure that people were protected.

There were suitable arrangements for the management of medicines. The home was clean and infection control measures were in place.

Is the service effective?

Good 

The service was effective.

People who used the service were cared for by care workers who were knowledgeable and had received essential training.

People's healthcare needs had been monitored and there were arrangements for these to be attended to.

People expressed satisfaction at the meals provided.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA). Care workers were aware of the procedures to be followed to meet the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People and their relatives told us that care workers treated people with respect and dignity. People's privacy was protected. Care workers were able to form positive relationships with people

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held for people and the minutes were available for inspection.

Is the service responsive?

Good ●

The service was responsive.

Care plans had been prepared which addressed people's needs. These had been subject to reviews with people or their representatives.

There was a varied activities programme and people were encouraged to participate in activities.

People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

Checks and audits of the service had been carried out by the registered manager. We however, noted that these were not sufficiently comprehensive to ensure that deficiencies were identified and promptly responded to. These are needed to ensure that people receive quality care.

Care workers worked well together. There were meetings where care workers could express their views and be updated regarding the care of people.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the care provided.

Stanmore Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 and 23 March 2018. The inspection on 22 March 2018 was unannounced whilst the inspection on 23 March 2018 was announced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us 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.

There were 23 people living in the home. We spoke with ten people who used the service and three relatives. We spoke with three healthcare professionals and received feedback from two social care professionals. We spoke with the registered manager, the part time activities co-ordinator, the chef and six care workers. The registered manager was on annual leave and we communicated with her on her return.

We looked at the kitchen, laundry, medicines room, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for five people, five staff recruitment records, supervision and appraisal records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

At our previous inspection of 21 April 2016, we found there was no environmental risk assessment of the home in place. People using the service were not protected against the risks associated with unsafe or unsuitable premises because fire doors were not closed and held open by a wedge and items that may be hazardous to health were not stored safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe care and treatment. We served a warning notice in relation to this. We carried out a focused inspection on 30 August 2016 to check what action had been taken. We found the provider had taken steps to comply with the regulation and addressed our concerns in relation to people's health and safety. There were arrangements in place to identify any potential health and safety risks to people using the service. Monthly environmental safety audits were being conducted to identify any health and safety issues. Fire safety concerns identified had been addressed.

Our previous inspection of 21 April 2016 also found a breach of Regulation 15 HSCA RA Regulations 2014 relating to The Premises and equipment. We found that the premises and equipment were not properly maintained and this placed people at risk. We served a warning notice on the providers in respect of this breach. We followed this up with an unannounced focused inspection on 30 August 2016. At that inspection we found that the breach of Regulation 15 in the warning notice had been complied with and the safety and maintenance issues had been adequately responded to.

During this inspection in March 2018, we visited the bedrooms of people and the communal areas of the home. Most bedrooms we visited had window restrictors. However, window restrictors in a bedroom (bedroom 16) and the ground floor shower room were not in working order. This may place people at risk when the windows are left open. The registered manager stated that it would be repaired. We also noted that a glass panel of one window in two bedrooms (bedroom 8 & 9) were cracked. The registered manager explained that these were damaged recently when they were having new restrictors fitted. They were in the process of replacing these glass panels.

We saw evidence that care workers checked the temperature of the hot water prior to each person being given a shower or bath. The records indicated that the temperatures did not exceed 43 degrees Celsius. This ensured that people were not at risk of being scalded. We however, noted that the recorded water temperatures of some bedroom sinks and the hairdressing sink had exceeded 43 degrees Celsius (C) on four occasions this year. For example, on 2 January 2018 the hairdressing sink water was 54C and on 27 January it was 49C. One hand washbasin was 48C on 24 February 2018. To prevent the risk of scalding, the hot water temperature in these areas should not exceed 43C. The registered manager stated that they would arrange for a plumber to adjust the temperatures. We were informed soon after the inspection that the hot water temperatures had been adjusted and daily checks had been started. Care workers records had been requested to report any raised temperature at tap outlets urgently so that immediate corrective action could be taken.

Failure to ensure that the premises were properly maintained placed the safety of people at risk is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to The Premises and equipment.

The registered manager confirmed to us soon after the inspection that these defects mentioned had been repaired or rectified. She also stated that some repairs and redecoration had been delayed as they were awaiting the results of some consultation regarding the home. A decision had now been made and the home had applied to cancel their registration.

People and relatives told us that they felt safe in the home and they were well treated. One person said, "It is safe here. They talk nicely to me." A second person said, "I feel safe here. The staff show me respect." A relative said, "It's good here. Yes, my relative is safe here. They treat my relative with respect and dignity."

We observed that care workers were constantly present in the lounge and other areas of the home and they were attentive and responsive towards people. We examined the duty rota and discussed staffing levels with the registered manager. The morning shifts normally consisted of the registered manager and deputy manager together with four care workers. There was a part time activities co-ordinator and a housekeeper who assisted with serving drinks. In the afternoon and evenings there was a deputy manager and three care workers. In addition there was a chef, two cleaning staff during the day and the housekeeper on duty until 4pm. During the night shifts there were three care workers on waking duty.

People and relatives informed us that there were mostly enough care workers on duty to attend to their needs. However, some care workers expressed concern regarding the staffing levels in the home. They informed us that there were insufficient care workers on duty in the evenings. They stated that some people needed to be assisted with their meals and others required two carers to attend to their personal care. This was discussed with the registered manager who agreed that extra care workers would be on duty in the evenings. She also stated that the home would not admit any more people in the near future.

The service had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falls and medical conditions such as diabetes. These assessments had been reviewed regularly by care workers. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined six medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. The registered manager informed us that none of the people who used the service were prescribed controlled drugs. There was a thermometer in the room where medicines were stored and care workers said they checked the temperature daily to ensure they were within the required temperature range. We however, noted that the temperatures were not recorded. The registered manager told us that this would be done. She confirmed to us after the inspection that the home had started to do

this.

There were arrangements for ensuring fire safety. The home had an updated fire risk assessment for providing guidance on managing potential risks. The emergency lighting had been checked by the home's specialist contractor. The fire alarm was tested weekly to ensure it was in working condition. Fire procedures were on display in the home. Evacuation slides were available. Care workers had received fire training. Two fire drills had been carried out in the past 12 months. We discussed the need for additional drills to be carried out so that care workers and people were familiar with it. The registered manager informed us soon after the inspection that a third drill had been carried out.

The service had a record of essential maintenance carried out. These included safety inspections of the portable electrical appliances, hoists, slings, passenger lift and gas boiler. The electrical installations inspection was carried out in 2017 and the certificate indicated that the home's wiring was satisfactory.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. The registered manager informed us that no new care workers had been recruited since the last inspection. We examined a sample of four records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. We however, noted that three DBS checks were over 5 years old. The registered manager stated that they would be updating these.

People informed us that their bedrooms had been kept clean. One person said, "My bedroom has been kept clean by staff. The staff are very clean." The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available.

We reviewed the accident records. Accidents forms had been completed with the date and name of people involved. Guidance for care workers on how to prevent a re-occurrence was in the care records.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People and their relatives informed us that people had access to healthcare services and could see the GP if needed. One person said, "They do call the GP if I am unwell." Another person said, "The staff are very good." A third person said, "The chiropodist have been to cut my nails." A healthcare professional informed us that they maintained a good liaison with the home and that the healthcare needs of people had been attended to. This professional also said they had no concerns regarding the care of people in the home. A second healthcare professional stated that they visited the home when required to attend to the healthcare needs of people. This professional stated that people received good care and they had no concerns. A social care professional stated that care workers had a good understanding of people's needs and always co-operated with them.

People's healthcare needs were closely monitored by care workers and healthcare professionals who visited the home. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical conditions and mental state. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's GP, medical consultant and optician.

Arrangements were in place to ensure that the nutritional needs of people were met. People's needs had been assessed. Care workers and kitchen staff were aware of the special dietary needs of people such as diabetic diets and soft pureed diets. We observed people having their lunch and spoke with them. The meals were presented attractively. People told us they were satisfied with their meals. One person said, "Food is alright. They do all sorts of food." Another person told us that they had a choice of meals. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

Care workers confirmed that they had received the appropriate training for their role. When interviewed, they were aware of their roles and responsibilities. The home provided us with details of training that had been arranged for staff. We also saw copies of their training certificates which set out areas of training. Topics included infection control, safeguarding adults, moving and handling, health and safety, Mental Capacity Act and safeguarding.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked capacity, details of their advocates or people to be consulted would need to be documented

in the assessments. This was evident in the care records we examined.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence of DoLS applications and authorisation approved for people who needed them.

Is the service caring?

Our findings

People made positive comments regarding care workers and informed us that they were caring. One person said, "I like it here. They are nice to me." Another person said, "I am very happy. They never give you any trouble. It's clean and relaxing here." A relative said, "I think it's quite OK here. The staff communicate well. They speak the same language as my relative. My relative likes soft food and they give it to her."

Two healthcare professionals informed us that they observed that people were treated with respect and dignity when they visited the home. A third professional stated that care workers were always respectful and approachable and people appeared to be well cared for and were happy within their environment.

We observed that care workers interacted well with people. Care workers smiled and talked with people in a friendly manner. People looked comfortable with care workers. Care workers treated people well and respected their privacy. This was confirmed by people we spoke with. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Care workers were aware that all people should be treated with respect and dignity. People we spoke with confirmed that care workers were respectful towards them. The registered manager stated that they celebrated various cultural events. These included Christmas, Easter, Diwali, Navratri (Hindu Festival prior to Diwali), Eid for Muslim clients.

Care plans included information regarding people's individual needs including any special preferences, interests, spiritual and cultural needs. This helped ensure that equality and diversity was promoted and people's individual needs met. Some care workers came from the same ethnic background as people who used the service and they were able to communicate in their common language. People informed us that the meals provided reflected their ethnic preferences.

Meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as activities and meals provided. This was confirmed by people we spoke with.

People were supported to maintain relationships with family and friends. Two people told us that they had regular contact with their relatives. We spoke with two relatives who said they visited their relatives regularly and care workers were pleasant and respectful.

The bedrooms we visited were comfortable. They had been personalised with people's own ornaments and memorabilia.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability,

impairment or sensory loss can understand the information they are given. The registered manager informed us that they had some policies and procedures in big print. There was also a pictorial menu. In addition, we were informed that there was always a Gujarati care worker on duty as several of the residents spoke Gujarati. She stated that the service was currently reviewing what can be done to meet this standard.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. One person said, "I am happy here. They take good care of me." Another person said, "There are activities here, but I am too lazy to join in." A relative said "Overall, I am satisfied with the care provided. They do review the care. They keep us informed."

Three healthcare professional informed us that the care needs of people had been met and care workers were able to effectively manage certain medical conditions. One healthcare professional wrote in the home's comments book saying, "Residents well looked after. No complaints expressed by residents during my visit." A social care professional stated that the home promoted the independence of people and some people had improved since moving to the home. This professional added that their clients' care were reviewed and people were able to go out independently into the local community.

The service provided care which was individualised and person-centred. Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans contained a personal profile which reflected who the person was, what and who was important to them and previous occupations. They were well written and provided a good insight of each person. There was guidance for care workers to ensure they knocked on people's doors before entering.

Care workers were able to tell us about people's personal and individual needs. Care plans contained guidance on how people should be cared for during the day and night. There was a night care plan with information regarding people's bedtime routine, their care regime before they slept and whether they needed checking during the night. Care plans also detailed if people had any 'special routines' they enjoyed as part of their daily lives.

There was a transfer sheet with relevant information about a person detailing, who they were, their medical conditions, current medication and if they had any allergies. These were useful when people had to be transferred to hospital to inform on the person's needs.

We discussed the care of a person with diabetes and looked at the person's care records. A diabetes care plan was in place and there was specific guidance for care workers on the care of this person. Reviews had been carried out by healthcare professionals. Care workers were aware of the dietary needs of people with diabetes. We also examined the care records of a person who had experienced falls. This person's care record had an appropriate risk assessment and a care plan for preventing falls. This included ensuring that a working call bell was close to their bed and care workers were instructed to carefully observe this person.

Care plans examined had been reviewed regularly by care workers. Formal reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress.

The home employed a part time activities co-ordinator and we noted that there were activities organised for people. We spoke with the activities co-ordinator who told us that the home had a weekly activities

programme which included ball games, playing a game called Carrom (a table-top game of South Asian origin), singing, bingo and exercises. Birthdays of people were also celebrated at the home.

There was a complaints policy which was displayed in the lounge. The service had a system for recording complaints and we observed that complaints had been promptly dealt with. People and relatives we spoke with knew that they could complain to the registered manager if they had concerns.

Is the service well-led?

Our findings

Our previous inspection of 21 April 2016 found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. We found the service did not have effective systems in place which were sufficiently robust to assess, monitor and improve the quality and safety of the services being provided to people. During this inspection, we found that the service had taken some action to comply with the requirement. There was a system of audits and checks to ensure people received the care they needed. We were provided with evidence of monthly checks which included checks on accidents, cleanliness, medicines, maintenance and health and safety. The arrangements for medicines were checked weekly by senior staff. Three monthly audits were also carried out and these included environmental audits. In addition, we were informed by the registered manager that the service had recently been subject to an inspection by the local authority's commissioning and quality monitoring department. Following their visit the service had taken action to improve areas identified.

We however, noted that further improvements were needed to ensure that checks and audits were more comprehensive and covered all important areas so that the service could promptly rectify deficiencies such as a glass panel of one window in two bedrooms which were cracked. The window restrictor in one bedroom and one shower room were not in working order. The hot water in some rooms was above 43C. These were promptly rectified but only after we raised them with management.

We recommend that the service review its system of checks and audits to cover all important areas. This is needed to ensure that the system is reliable, consistent and that deficiencies are promptly noted and appropriate action taken.

There was a management structure in place with a team of care workers, the deputy manager, the registered manager and the provider. Care workers informed us that they worked as a team and they found their managers to be supportive and approachable. They were aware of their roles and responsibilities.

Two relatives informed us that they had no concerns and they felt the home was well managed. This relative stated that they had been kept informed of the progress of their relative. Two professionals informed us that they found the home was well run.

There was a system for ensuring effective communication among care workers. The registered manager informed us that verbal handovers took place at the beginning of each shift. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. They stated that the registered manager was approachable and listened to their views. They stated that the home was well managed and they had confidence in their manager.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety. Care workers were aware of these policies.

A satisfaction survey had been carried out in the past twelve months. The registered provided us with details of action taken in response to comments made by people and their representative.

Soon after the inspection the registered manager informed us that a decision had been made to close the home. The home had submitted an application to cancel their registration. In addition, they had informed people who used the service, their relatives, care workers and the commissioning authorities involved.

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 15 HSCA RA Regulations 2014 Premises and equipment The registered persons did not ensure the premises were properly maintained