

The You Trust

The You Trust - 34-36 Shaftesbury Road

Inspection report

Southsea
Portsmouth
Hampshire
PO5 3JR

Tel: 02392294414
Website: www.lifeyouwant.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The You Trust 34-36 Shaftsbury Road is registered to provide accommodation for up to 13 people living with mental health needs who are under the age of 65. Nursing care is not provided.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

Effective maintenance of the home was not always carried out. Defects that had been reported had not always been adequately rectified. This meant that people and others were not always protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

People felt safe with the home's staff. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and risk assessments were in place to manage identified risks.

People's medicines were managed so they received them safely from trained staff. There were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. Staff were trained in a range of areas so people received effective care. Staff received regular supervision and had annual appraisals.

The requirements of the Mental Capacity Act 2005 and associated legislation under the Deprivation of Liberty Safeguards were understood by the registered manager and staff.

People were supported to have sufficient to eat and drink and to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. Staff cared for and supported people in a warm, friendly and reassuring way. People's privacy and dignity was respected.

Care plans contained information about people and provided guidance to staff on how they wished to be supported. Care plans contained personal histories about people and information about their plans for the future. People were encouraged and supported by staff to go out into the community.

Complaints were managed appropriately and, where necessary, appropriate action taken to prevent the risk of reoccurrence.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

Staff felt supported by the registered manager and there was an 'open door' policy so that staff could discuss any issues of importance to them. The registered manager and her deputy worked alongside staff and this enabled them to monitor staff performance.

People were well supported by the registered manager and staff to live an independent life as much as they were able. Positive support plans were in place to enable people to maximise their potential.

The provider had a policy and procedure for quality assurance and a range of quality audit systems were in place to check on the quality of the care delivered. Weekly and monthly checks were carried out and there were regular staff meetings. Feedback was sought on the quality of the service provided and people and staff were able to influence the running of the service and make comments and suggestions about any changes they felt would improve the service provided to people.

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

Good ●

The service was safe.

People were protected from harm and staff were trained to recognise the signs of potential abuse and knew what action to take. Risks were managed appropriately.

There were sufficient numbers of staff on duty and new staff were subject to checks before they commenced employment.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People and others were not always protected against the risks associated with unsafe or unsuitable premises because problems with the premises and maintenance tasks had not been completed in a timely way.

Staff were provided with the training and support they needed to carry out their work effectively.

Staff understood the requirements and their responsibilities under the Mental Capacity Act 2005 and associated legislation and put this into practice.

People had sufficient to eat and drink and had access to a range of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. They were treated with dignity and staff were respectful of their right to privacy.

People were supported to express their views and to be involved

in decisions about their care.

People and staff got on well together

Is the service responsive?

Good ●

The service was responsive.

Care plans contained information about people to enable staff to build relationships and provide care that was appropriate to them.

Care plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were listened to and managed appropriately. Where needed action was taken to prevent reoccurrence.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the home was well led and the registered manager was approachable and communicated well with people, staff and outside professionals.

There were quality assurance systems in place. The provider and registered manager carried out a range of audits to measure the quality of the service provided.

People and their relatives gave their feedback about the service through annual surveys.

The You Trust - 34-36 Shaftesbury Road

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.

This inspection took place on 8 November 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, staff rotas, records, quality audits and policies and procedures.

We spoke with three people to ask them their views of the service provided. We also spoke to the registered manager, the deputy manager and two members of staff.

The last inspection was carried out in May 2014 and was compliant in all outcomes inspected.

Is the service safe?

Our findings

People felt safe at the home and said they were happy with the care and support provided. One person said "I am very happy with the way I am supported I feel safe and secure". Observations showed there were enough staff to provide support to people.

The registered manager had an up to date copy of the local authority safeguarding procedures and understood her responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board in the office. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. The registered manager told us there had been some safeguarding incidents at the home and records showed that these had been responded to and reported appropriately, with the registered manager co-operating fully with the local authority safeguarding team.

In order to help keep people safe there were risk assessments in people's care plans. These identified any risks and also provided staff with information on how the risk could be minimised. For example the risk assessment for one person explained how staff should support the person when their behaviour challenged. There was information on how the person behaved and what risks this behaviour posed to the person and others. The information provided for staff to mitigate the risk was clear and this helped to ensure risks were appropriately managed.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The registered manager told us there were a minimum of two members of care staff on duty between 8am and 5pm. From 5pm to 8am there was one member of staff on duty who could sleep between 11pm to 7am. This person was supported by a person who was on call in case of emergency. The provider had a 'sister' home with a similar client group directly across the road. Both homes shared a staff team of seven care staff. Each of the homes had staff clearly allocated on a day to day basis. The registered manager and deputy manager were in addition to these staff and confirmed they both worked at the home for a period of time most days and were available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Staff told us and observations showed the staffing levels were sufficient to meet peoples assessed needs. Care staff also carried out domestic duties and people were involved in cleaning their own rooms and communal areas with staff providing advice and support as required.

The provider had a policy and procedure for the receipt, storage and administration of medicines and this helped to ensure that people received their medicines safely and as prescribed. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment of their competency. Records and staff confirmed this.

People were encouraged to manage their own medicines where possible and they were provided with secure storage facilities so they could keep their medication safely. Medicines which staff administered to people were securely stored in the office at the home. People who required staff support to take their medicines came down to the office and asked staff for their medicines. This was then given to them by staff who witnessed the person take their medicines. Medication Administration Records (MAR) were kept for each individual and were signed by staff when medicines had been given. The registered manager told us that if a person did not come down to the office to request their medicines, staff would then go and find the person so that they received their medicines as prescribed. One person self-medicated and was responsible for ordering their own medicines. This person had been assessed by staff as being competent and the persons care co-ordinator from the local authority was also involved in the decision making process. A risk assessment regarding self-administration of medicines for this person was in place. Another person was being supported by staff to manage their own medicines. There was a care plan in place for this and the person was currently self-administering for five days each week with staff providing guidance and support.

People were prescribed when required (PRN) medicines and there were clear protocols for their use. Medication audits were completed by a responsible person and the deputy manager to check that medicines were administered as prescribed and to identify if there were any errors. The supplying pharmacist also undertook audits to ensure the service continued to manage medicines safely.

Is the service effective?

Our findings

The registered manager told us that regular maintenance checks of the building were carried out and if staff identified any defects they were recorded and reported to the landlord who was responsible for the building. This was then prioritised by the landlord's maintenance team who would send someone to rectify any defects. However the provider had not taken steps to ensure the premises and equipment were properly maintained. We looked at the homes maintenance log and saw that a number of defects that had been reported had not been satisfactorily repaired. For example there had been a leaking water pipe which had caused damage to the ceiling and door frame in the kitchen. The landlord had repaired the leak but had not carried out remedial work to repair the damaged areas caused by the leaking water. In the dining room there had been a damp problem and we saw that this had been repaired but the wall was left with bare plaster and the wall had not been repainted. This meant that some areas which had been bright and freshly decorated by people now looked unsightly. People commented that they were unhappy that there was a large bare patch on their dining room wall. Of more concern was an electrical fault raised on the 9 March 2016 due to an electric plug which kept tripping in the utility room. On the 15 March 2016 it was reported that the electrical trip switch to the washing machine kept tripping. To date these issues had not been investigated and this presented a potential risk to people and staff. The registered manager told us that she had kept chasing the landlord but the above defects had not been rectified. Each person living at The You Trust – 34-36 Shaftesbury Road had a licence agreement which stated that repair of structure and decoration was the responsibility of the provider/landlord. The provider had not taken appropriate steps to ensure the premises and equipment were properly maintained.

Because problems with the premises and maintenance tasks had not been completed in a timely way. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People got on well with staff and the care they received met their individual needs. People said the staff provided the support they needed. One person said "I am very happy with the support staff give me, I know they are here to help and they encourage me to do things for myself but will help me if I ask them". People were well cared for and they could see the GP whenever they needed to. People told us they were supported by staff to maintain a healthy diet.

The registered manager told us about the training provided for staff. Training was via e-learning (on line) and also face to face training. Training records were kept on the computer system and each staff member had their own log in so they could access training at any time. There was a list of required training and if staff wanted to access face to face training they requested this on line. The registered manager and deputy could access each person's training record so they could monitor what training staff had received and when any refresher training was required. Training undertaken by staff included; Health and safety, infection control, managing challenging behaviour, de-escalation techniques, mental health awareness, mental capacity act, personal safety, first aid, food hygiene and person centred care. This training helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and enabled them to provide effective support to people. The registered

manager told us she and her deputy worked alongside staff to observe staff practice and ensure staff knew how people liked to be supported and that they were aware of their care needs. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

All new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. Induction training included completing the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of seven care staff. Four had completed additional qualifications and two members of staff were due to commence further training shortly. This meant that all but one member of staff would have National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported.

The Mental Capacity Act 2005 (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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care and treatment was sought in line with the requirements of the MCA. The registered manager understood her responsibilities in this area and staff understood the requirements of the legislation. The registered manager said some people had fluctuating capacity and she understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. The registered manager and staff understood that people who had capacity had the right to make decisions others might consider unwise. This respected the key principles of the Mental Capacity Act 2005.

The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that all people at the home had capacity to make their own decisions and no DoLS applications had been submitted.

Each person had their own food budget and prepared and cooked their own meals. Each person had a dedicated shelf in the fridge/freezer where they could store their food. People bought their own food and were able to access the kitchen area 24 hours a day where they could make snacks and drinks. Some people had pre packed meals delivered, these were kept in the freezer and people would have meals at a

time of their own choosing. The registered manager said the system worked well and this encouraged people's independence. Staff provided support to people as required. If requested they would help people with shopping and would monitor people to help ensure meals were balanced and encouraged healthy choices. At a recent service user meeting people had asked for a Sunday roast dinner once per month, where everyone could sit down together. The registered manager told us this was being actioned and staff would assist people with cooking the Sunday roast with the first one taking place on the 13 November 2016. Each person would be asked to contribute to the cost of the meal out of their food budget.

Each person had a physical profile form in their care plan which contained information which could be given to ambulance or hospital staff should the person need to go to hospital. This gave information about the person's medicines and diagnosis. Everyone living at the home was registered with a local GP surgery. People were encouraged to maintain their own health where they were able to do this. However staff provided support when needed. For example staff helped people to access healthcare services or escorted them to GP and hospital appointments if requested. People had support from the local mental health team and other healthcare professionals were accessed through GP referrals. Information about people's health and any current appointments were discussed during staff handovers to ensure all staff were aware of any changes to people's health care needs. This helped to ensure people were being supported to maintain good health and to receive on-going healthcare support.

Is the service caring?

Our findings

People were happy with the care and support they received. People were observed to be well looked after and staff were kind and caring when providing support. One person said "The staff are spot on".

Staff took time to explain to people what they were doing and offered people choice. Staff used people's preferred form of address, showed kindness, patience and respect. One person told us "The staff treat me very well, they are kind and help me". Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support.

We observed staff chatting and engaging with people and taking time to listen. Throughout our visit staff were positive and attentive with people. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. People were confident and comfortable with the staff who supported them.

We observed that staff spent time listening to people and responding to their questions. For example one person was going out into the community and staff asked where they were going, checked they had their keys and gave advice on the local transport. Staff explained what they were doing and why and offered reassurance when anyone appeared anxious.

Staff were able to tell us what people could do for themselves and what they needed prompting with. The accommodation was arranged to promote people's independence. This was because people were able to move freely around the home. Each person had a key to keep their room secure and had keys to enable them to enter the home so they could come and go as they pleased.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and staff communication book which were confidential documents and staff could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were placed in daily care notes.

There was information on the notice board in the office about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to get independent advice and give them information about their

care and treatment available to them. The registered manager told us she would support people to access an appropriate service if people wanted this support.

Is the service responsive?

Our findings

People told us they liked living at the home and said they were well looked after. One person confirmed they had regular meetings with their keyworker to discuss any issues they may have and to review the care and support they were receiving.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. The registered manager told us that staff would support people to keep in contact with relatives via regular phone calls if they so wished.

Staff were given appropriate information about the support and care needs of people. Care plans contained a 'Pen Picture' of the person and this contained information about the person before they moved into The You Trust 34-36 Shaftesbury Road.

Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care and support plans. This enabled staff to deliver care the way people wanted and care was not task led. Care plans had information such as: 'Support I require to aid my recovery'. These gave staff the information they needed so they could support the person. We saw care plans included plans for physical and mental health, medicines, communication, budgeting and behavioural support. These plans informed staff on how they should support the person in these areas. Care plans detailed the goal the person wanted to achieve, the action required from the person and staff to achieve the goal and the timescale for achieving this. The goal for one person was to cook a particular meal from scratch. The action required explained that the person needed support from staff to identify the ingredients required and where to purchase them. Staff would then support the person to make the meal but to let them carry out the tasks with only verbal encouragement and support from staff. The timescale to achieve this was one month. The registered manager told us that once the person had achieved a particular goal they would meet with their keyworker to establish a new goal and thus increase their independence. One person said, "Staff provide the support I need. They are all pretty good, we all get on really well".

Care plans were reviewed monthly and each person had a one to one meeting with their key worker. (A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). This meeting enabled staff to find out if people's support needs were being met. It also enabled staff to find out what people wanted to do and what if any plans they had for future goals, activities or trips out. People we talked with confirmed they had a care plan. They told us they had been involved in drawing up their plan and were involved with regular reviews.

Staff recorded what support people had received each day in their records. These reports gave information about how the person had been throughout the day. They provided evidence of care delivery and how people had been supported.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, and how they liked to spend their day. This enabled staff to provide the support people wanted.

Staff told us they knew people well and were able to understand people's body language. This enabled staff to recognise signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of. Information was also recorded on a handover sheet that was completed at the end of each shift. This ensured staff provided care that reflected people's current needs. The registered manager also told us she organised a meeting with staff every two weeks to go through support plans for people to ensure that they were up to date and reflected people's current support needs and to check on people's progress.

The registered manager said that people were independent and liked to keep themselves to themselves. Therefore formal activities were not organised for everyone. The registered manager said people came and went as they pleased. Staff had started to organise coffee mornings where people could get together and chat and these were slowly becoming more popular. Staff told us they encouraged people to access the local social inclusion group or other support groups which may be of interest to them. One person volunteered at a local charity shop and another worked as a cleaner in a local shop. Staff recently supported one person on a trip to London. The registered manager said that staff were in the process of supporting one person to go and visit their family in Birmingham. Regular meetings were held with people and minutes were kept. Records of the meeting in June stated that people wanted to have a BBQ and they wanted to invite people who lived in the provider's other home across the road. We saw that the BBQ took place and was enjoyed by all. At the last meeting in October 2016 people suggested a Halloween party, a buffet was provided and we were told by people and staff that this was a great success.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or could talk with the registered manager. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. Formal complaints were recorded and investigated by an appropriate person. The registered manager said that since the start of 2016 no complaints had been received. People and relatives told us if they had any concerns they would speak to a member of staff or the registered manager and they were confident that any issues would be addressed quickly.

Is the service well-led?

Our findings

People and staff confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One person said "The manager is easy to talk to and will listen to what you want to say"

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and encouraged open communication. She supported staff to question practice and bring her attention to any problems. All staff told us there was a good staff team and communication was good. They said the registered manager and deputy manager were approachable and had good communication skills. Staff described an open culture with good relationships amongst all involved with the service. The registered manager said she was supported by a really good network of other senior staff and managers.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. She said that she and the deputy manager regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

The registered manager and deputy manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. The registered manager said she and her deputy both completed the same training as all staff as well as completing management training. The registered manager had an NVQ5 in care and management and the deputy manager was just starting this training. The registered manager said she attended management meetings with other managers of the provider's services and these were used to share information and good practice. The registered manager and deputy said they regularly monitored professional websites to keep up to date with best practice. If appropriate they would pass on information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the last staff meeting and these contained information about who had attended and gave information about the topics discussed. There was also information about any outcomes from previous meetings.

The registered manager told us there were regular service user meetings but not everyone liked to attend. Minutes of these meetings were kept so that everyone was aware of the issues discussed and the actions being taken.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The deputy manager and members of the staff team had responsibility for undertaking these audits and the registered manager checked to ensure these had taken place.

The provider also conducted its own audits of the service which were carried out by a registered manager from another of the provider's homes. These were carried out every two to three months. The audits used the CQC Key Lines of Enquiry (KLOE) prompts to assess if the service was meeting people's needs. The auditor produced a report which gave the registered manager feedback on what was found. If there were any shortfalls the registered manager would produce an action plan to rectify them. The home also had audits carried out by the supplying pharmacist, the fire safety officer, environmental health and commissioners of the service. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

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 People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c)