# Randall Care Homes Limited

# Jerome House

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| | |
|---|---|
| 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 unannounced inspection of Jerome House took place on the 27 April 2017. Jerome House is a care home registered to provide personal care and accommodation for four people who have a range of mental health needs. The service supports people to develop their skills and well-being to empower them to move to more independent living arrangements if and when that meets their needs. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within walking distance of the service.

At our last inspection on 1st April 2015, we found the provider met the regulations we inspected and the service was rated good.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to assess, monitor and improve the quality of the services provided for people. However, we found some areas of the premises were not clean and some records of quality checks of the service were incomplete. This indicated audit processes were not robust enough to fully identify all the deficiencies of the service and so facilitate improvement in the quality of care being provided.

People received the care and support they needed from staff who knew them well. People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed positive interaction between staff and people using the service. Staff respected people's privacy and dignity and understood the importance of confidentiality. People were supported to choose and take part in activities of their choice that supported them with the development of their skills and the promotion of their well-being.

Staff respected and supported people's right to make their own decisions and choices about their care. People were supported by staff to develop their skills and independence and were provided with the support they needed to maintain and develop links with their family and others important to them.

People were supported to maintain good health. They had access to a wide range of appropriate healthcare services that monitored their health and provided people with treatment and specialist advice when needed. People's spoke in a positive manner about the meals they were provided with, and staff made sure people's individual dietary needs were met.

Staff understood how to keep people safe and they helped people to understand risks. Medicines were managed safely by staff who were trained to administer medicines.

Systems and processes were in place to help protect people from the risk of harm. Procedures were in place to safeguard people. Staff knew how to recognise and report abuse and minimise risks of people being harmed.

Arrangements were in place to make sure sufficient numbers of trained staff were deployed at all times. People's individual needs were identified and managed as part of their plan of care and support. Accidents and incidents were addressed appropriately.

Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed. Staff were supported to provide people with individualised care and support. Staff received supervision and a range of training so they were skilled and competent to carry out their roles and responsibilities. Staff told us they enjoyed working in the home and received the support and training they needed to provide people with the care and support they needed.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make decisions for themselves whenever possible. Staff knew about the arrangements for making decisions in people's best interest when they were unable to make one or more decisions about their care, treatment and/or other aspects of their lives. People's permission was sought by staff before they helped them with care and other tasks

People knew how and to whom they could raise their concerns. They told us they felt able to discuss concerns with staff and were confident they would be addressed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager 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?

**Requires Improvement**

There were some areas of the service that were not safe. Some communal areas lacked cleanliness.

Risks to people were identified and measures were in place to protect people from harm.

Medicines were managed and administered to people safely. People received their medicines as prescribed.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

### Is the service effective?

**Good**

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's needs.

People were provided with a range of meals and refreshments that met their dietary needs. People made themselves drinks and snacks whenever they wanted.

People benefitted from having access to a range of healthcare services to make sure they received effective healthcare and treatment.

### Is the service caring?

**Good**

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and involved them in decisions about their care.

Staff recognised people's right to privacy, and supported people to develop their independence.

People's well-being and their relationships with those important to them were promoted and supported.

### Is the service responsive?

**Good**

The service was responsive. People received personalised care that met their individual needs.

People were offered a range of recreational activities and were supported to pursue their interests and develop their skills.

People and their relatives knew how to make a complaint and were confident it would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

## Is the service well-led?

**Requires Improvement**

There were some areas of the service that were not well-led. There were systems in place to check the service provided to people. However, we found some checks had not been fully completed and deficiencies in the cleanliness of the service had not been identified and effectively addressed.

Management staff were visible and participated fully in providing the service. Management staff were known to people using the service who spoke in a positive manner about them.

People and staff informed us that management staff were approachable, and kept them updated about the service and of any changes.

# Jerome House

**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 was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the service since the previous inspection. The registered manager was not present during the inspection.

During the inspection we spoke with all four people using the service. We also spoke with two managers, general manager, deputy manager and office manager, who support the registered manager in the running and the management of this service and the four other small care services run by the provider. We also spoke with a care worker and a health care professional. Following the inspection we spoke with two relatives of people using the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of four people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

People using the service told us that they felt safe living in the home and that staff treated them well. They informed us that they would speak to management staff if they had a concern to do with the service or were worried about anything else.

Relatives of people told us they felt people were safe and they did not worry about people's day to day safety. A person's relative told us "[Person] I think is safe. [Person] seems OK."

Some of the communal areas were not clean. The kitchen was 'tired' looking, the kitchen worktops were worn, paintwork in several areas was chipped, cobwebs were seen located next to a fridge and we noted that guidance about the management of refuse was displayed in a plastic cover that was unclean. The kitchen flooring was stained and worn in some areas which could possibly be a trip hazard. Also, the kitchen strip light fitting had no cover so was exposed and could not be cleaned. We also found the upstairs toilet and bathroom facilities had floor tiles that were cracked, a bathroom cabinet was dusty and bathroom blinds were stained.

Management staff told us they had arranged for a floor fitter to come and measure the kitchen floor on the day of our visit and following the inspection they told us that the kitchen would be painted in early May 2017. However, the shortfalls in the cleanliness and décor of the kitchen and the upstairs bathroom and toilet facilities were not conducive to ensuring there was a minimal risk of the spread of infection to people using the service and others.

A food safety check by the Food Standards Agency on the 22 April 2015 had rated the service as "2", which meant that improvement was necessary. They had found shortfalls to do with the cleanliness of the kitchen and pest control and had advised deep cleaning to take place. Although management staff informed us they had taken action in response to this check, and we noted that a pest control service was in place, a record of this and other action they had taken in response to the check were not available.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included regular checks of the hot water temperature, fire safety, gas and electric systems. Records showed that the risk to people's safety by smoking in a person's bedroom had been discussed with the person. However, we noted that some radiators within the home were not covered, which could present a risk to people, such as burns. The general manager told us that people were considered at low risk of being scalded. However, there were no risk assessments to confirm this and the general manager undertook to complete individual risk assessments for each person to show this.

An up to date fire safety risk assessment was in place. Fire drills took place regularly to make sure staff were aware of the fire evacuation procedures. However, we found a kitchen door and a lounge door propped open which in the event of a fire would not be effective in restricting the fire spreading. Following the inspection, management staff told us that they had ordered some door retainer devices and until those

were received were making sure those doors were kept closed.

The above deficiencies in the premises, were evidence of a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Staff knew about whistleblowing procedures, and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to management staff and were confident that any safeguarding concerns would be addressed appropriately by them. Staff knew they could report abuse to the local safeguarding team, CQC and the police. Staff informed us they had received training about safeguarding people and training records confirmed this. Management staff told us they would display the contact details of the local authority safeguarding team in the home for staff and people using the service to refer to if needed.

People received a range of support with the management of their finances. Some people managed their own money, whilst others had some support from staff with budgeting and the handling of their finances. The individual support people needed with their finances was described in each person's care plan and reviewed regularly. The service kept cash for some people in the service. People were fully involved in the management of their money and signed for any money that they received. We checked two people's financial records and these showed appropriate records were kept of people's expenditure and income. Receipts of people's expenditure were available, however these were not numbered, or in order, which made it difficult to match receipts with expenditure records. We discussed this with management staff who told us they would take steps to address this issue. Records showed that regular checks of the management of people's monies had been carried out by senior staff.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. During the inspection staff were available to provide people with assistance when they required it and staff also had time to talk with people on a one-to one basis. A lone working policy was available that identified risks presented by staff working on their own, which included procedures to minimise such risks and to manage potentially risky situations. A member of staff was clear about the action they needed to take if they required support when working alone.

People's care plans included detailed risk assessments and risk management plans in a selection of areas to do with risks to people's safety. These included; risk of falls, use of the kitchen, and deterioration in people's mental state, poor nutrition, financial abuse and behaviour that challenged the service. Guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. A person's risk assessment showed that there was clear guidance in place to minimise the risk of a person not receiving their prescribed medicines due to their behaviour. This guidance was accessible to staff who were able to tell us about it. Accidents and incidents were recorded and addressed appropriately.

The staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if prospective employees had a criminal record or had been barred from working with people who needed care and support. However, despite the safeguarding policy having been reviewed in 2016 we found it included information about previous agencies that carried out criminal record checks and barred lists [record of people who are not permitted to work in a regulated activity with children and/or vulnerable adults]. Management staff confirmed they would amend the policy.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records of medicines received by the home and returned to the pharmacist were maintained. People's care plans included information about their individual medicines needs and how these were met by the service. People's medicines' needs were regularly reviewed by a doctor. The medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed. A person using the service told us about the medicines they were prescribed and that they saw a community nurse regularly who regularly administered a prescribed injection of medicine.

Staff administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records informed us that staff received medicines training and that 'in-house' medicine competency assessments had been completed. Staff were observed to administer medicines to people in a safe manner. However, we found no written details of what the staff medicine competency assessment had covered, so were unable to determine how the member of staff was judged to be competent to manage and administer people's medicines. Management staff informed us this would be addressed. Staff also had access to an up to date pharmaceutical reference book where they could look up medicines they were not familiar with. We noted that one bottle of medicine did not have the date of opening written on it to ensure it was administered when according to the manufacturers' recommendation it had expired. A member of staff addressed this during the inspection.

Good

# Is the service effective?

## Our findings

A person using the service told us they felt well supported by staff, who understood their needs. They told us "Staff are very good. They are nice. [Care worker] is very good, they look after me."

Staff were knowledgeable about people's needs and spoke in a positive manner about working at the home. They told us about the range of support people needed and spoke of getting to know people's individual needs by talking with them, reading people's care records and sharing information with other staff including management staff. Relatives told us they felt people received the care they needed from staff who knew people well.

Staff informed us and records showed that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. A member of staff told us they had completed the Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers. They told us they had found it useful and that it had "covered everything."

Staff told us they received a range of training to enable them to provide people with effective care and support. A member of staff told us "I have done so much training." Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding people, moving and handling, first aid, fire safety, infection control and food safety. Staff were positive about the training they received, and confirmed they regularly had refresher training in these essential areas. Training records showed staff had also received training/learning in other relevant areas including; dementia, Mental Health Act 1983, managing clients' behaviour, medicines, night support worker duties, records and client engagement. A member of staff told us they had completed mental health training during their previous job and had shared the learning with other staff.

Staff told us they had completed vocational qualifications in health and social care which were relevant to their roles.

Staff told us they felt well supported by the management staff who spent time in the service and were always available for advice and support. They informed us and records showed that staff regularly had the opportunity to meet with management staff during individual staff supervision meetings and during regular team meetings to discuss aspects of the service and the needs of people. A member of staff told us they found their supervision meetings helpful and that a range of matters to do with the service were discussed including training, health and safety and safeguarding people. This was confirmed by staff supervision records. We found staff had received regular appraisals of their performance.

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 told us they were fully involved in decisions about their care and treatment. Staff knew that if people were unable to make a decision about their treatment or other aspects of their care, health and social care professionals, staff, and people important to them would be involved in making a decision in the person's best interest.

Staff were knowledgeable about the importance of obtaining people's consent when supporting people with their care and other areas of their lives. We observed that care workers involved people in day to day decisions and that their decisions were respected. People told us staff asked for their agreement before providing them with assistance and support.

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). Care workers and the registered manager knew about the requirements of MCA and DoLS. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. At the time of our visit there were no people using the service subject to a DoLS authorisation. Records showed that staff had received MCA and DoLS training. We saw that people were not restricted. They were free to leave the home to access community facilities and amenities if they wished to do so. A person told us "I go out when I want."

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People received health checks and had access to a range of health professionals including; psychiatrists, GPs, community nurses, chiropodists, dentists, and opticians to make sure they received effective healthcare and treatment. Records showed health and social care professionals had visited the home to see people using the service. People told us they saw a doctor when they were unwell. Records confirmed this. A person told us "I go for appointments to see the doctor and also go to hospital appointments." A person's relative told us they were always contacted by staff when a person was unwell or when there had been an incident to do with their family member. A health professional spoke in a positive manner about the service.

People told us they were satisfied with most of the meals they received. Staff had knowledge and understanding of people's individual nutritional needs including particular dietary needs. A member of staff told us; "Some people are diabetic so no sugary foods, and fresh fruit and vegetables are important. We ask people what they want to eat. They choose." People were seen preparing snacks and drinks for themselves. A person told us they sometimes bought their own preferred food items which they stored in their personal kitchen cupboard. A person told us "I sometimes cook my own food." People received support and advice from a dietitian who regularly visited the service. Staff told us about encouraging people to eat healthily. A person ate some fresh fruit during the inspection. Records showed that healthy eating had been discussed with a person using the service.

The food eaten by people was recorded to monitor people's nutrition, and their weight was monitored by staff. A dietitian also reviewed people's nutritional needs and provided people with support and advice about their dietary needs. However, a person's monthly weight monitoring records from January to March 2017 showed that the person's weight had been stable but the April 2017 record implied the person had gained 8kg. We also found another person's weight was recorded as 67kg in February 2017 but had risen to 76kg in March 2017 and then reduced to 68kg in April 2017. A similar discrepancy was also found in a third person's weight monitoring records between January and February 2017. There was no indication from observation, other records and from speaking with people and staff that there had been these significant changes in people's weight. However, records did not show that the staff had recognised that this was likely

to be an error and re-weighed each person, or reported the issue to management staff and/or a check of the weighing scales could be carried out if needed. It was also not evident that the discrepancies in these records had been found by the quality monitoring systems. Management staff told us they would review these records and speak with staff.

People told us they were happy with their bedrooms. A person told us "I like my room."

Good

# Is the service caring?

## Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a respectful manner. People using the service told us that staff treated them well. Comments from people included "I like living here, I get on with everyone," and "The staff are wonderful." A person's relative told us that a person was happy when they last saw them which had indicated to the relative that the person was receiving the care they needed from the service.

From observation and talking with staff and people using the service we found that staff knew people really well, understood their individual needs, and had a good rapport with them. People's engagement with staff showed us that they were at ease with the staff and found them to approachable. People also interacted with other people using the service in a positive manner that indicated they got on well with other people living in the home.

Staff told us about how they encouraged, supported and motivated people to be fully involved in their care and other aspects of their lives. People confirmed they were involved in decisions about their care and were satisfied with the care and support they received. During the inspection we heard staff offer people choices such as what they wanted to eat and do, and respected the decisions people made. A member of staff spoke about their keyworker role in supporting a person using the service. They spoke about the one-to one meetings they had with the person when they discussed a range of matters to do with the person's care and support.

Staff knew about the importance of respecting people's privacy. The privacy and dignity of people were supported by the approach of staff, who we heard asked people for permission before entering their rooms. Staff showed consideration to people who chose to spend time by themselves, but also encouraged people to take part in social activities and one to one conversation with them to minimise the risk of social isolation. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

People's independence was supported. A person spoke of having a travel pass that enabled them to use public transport without cost. People had the opportunity to have their own key to their bedroom and to the front door which promoted their privacy as well as their independence. A person confirmed they had been provided with a key to their bedroom.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us about the contact they had with friends and family. A person's relative told us about the visits they received from a person using the service.

Staff and people using the confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. A member of staff told us that currently no one living in the home chose to attend a place of worship. They spoke of the importance of respecting people's differences, individual beliefs and cultural needs.

Good

# Is the service responsive?

## Our findings

People's needs were assessed with their participation prior to them moving into the home. A person told us they had visited the service before they moved in and had met staff and other people using the service which they had found helpful. People's relatives told us that staff were very responsive in informing them when people were unwell or about any other issue that concerned people's health and well-being. People's relatives told us "They let me know if something happens," and "They will let me know if [Person] is unwell. They ring me." A person's relative told us that they thought staff knew a person well and provided them with the care they needed. They told us "[Person] looked well" when they had last seen them.

People's care plans identified the support people needed with their care and other aspects of their lives. The three care plans we looked at were individually personalised and contained detailed information about each person's health, risks, support and care needs, what was important to them, their preferences, abilities and religious and cultural needs. Care plans had been amended when people's needs altered and had also been regularly reviewed with people using the service. Some care plan review meetings included health and social care professionals. Some people had signed their care plans and it had been documented when people had chosen not to do so. Staff confirmed they were aware of people's care plans and had read them. Management staff informed us they would make sure staff signed when they had read people's plans to indicate staff were knowledgeable about people's current needs.

Staff were knowledgeable about the guidance they needed to follow to meet people's individual needs such as particular behaviour needs. There was guidance in place about the support a person needed from staff to ensure they attended their blood monitoring appointments.

People had the opportunity to have counselling and to take part in activities led by a therapeutic support worker who worked with people therapeutically during a range of group activities which included expressive art, self-love and cooking sessions, and outings. People told us they enjoyed attending these sessions. We were shown paintings and pottery which had been completed by people.

Staff told us and records showed people's needs were monitored on a day to day basis. Staff informed us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Care monitoring records were completed during each shift and included details about the activities people took part in and any changes in people's health, mood and care needs so staff had up to date information about people's current needs. A member of staff told us that one to one meetings with people were responsive. They told us "If a person refused their medicines, we have a one to one meeting about the importance of taking their medicines and the risks of not taking them, such as becoming unwell."

From observation of staff's engagement with people and from talking with them we found staff had a good understanding of people's varied needs. People were encouraged and supported to take part in activities in-house and/or in the community. People told us about the activities they enjoyed. A person told us about going to the local shops and taking part in some group activity sessions. Another person told us they liked to

listen to music, go on walks and sometimes visited friends and family.  Staff told us that it was sometimes difficult to motivate people to participate in social activities but recognised the importance of encouraging people to do so to minimise social isolation and to support people in developing their individual interests and well-being. A member of staff told us people received a certificate of participation to motivate and encourage them to take part in some activities. They told us "People are offered lots of things to do. It is important they do as they like." A person had been provided with support and opportunity to develop their skills in art. We saw some items of pottery which had been made by people using the service. Some people had been on day trips that included a visit to an art gallery and to a RAF museum.

People were supported to develop their everyday living skills to help prepare some people for living more independently in a less supported environment. A person told us "I do my own laundry and I clean my room." People had the opportunity to take part in cooking sessions to improve their cooking abilities.

The service had a complaints policy and procedure for responding to and managing complaints, which was displayed. People told us they would speak with management staff if they had a complaint and were confident that it would be appropriately addressed. A person told us "I have no complaints." A person's relative told us they knew how to make a complaint and that management staff had addressed an issue that they had raised to do with the service. Staff knew they needed to take all complaints seriously and report them to management staff. Records showed there had been and no complaints within the last year.

Requires Improvement

# Is the service well-led?

## Our findings

People spoke in a positive manner about the home and the way it was managed. They told us they were satisfied with the service provided. A person told us "It's good here." Another person told us "I think that it is well run."

The service has a management structure, which consists of a registered manager and other management staff including a general manager and deputy manager who helped with the management and running of this service and the other care home services that are owned by the provider. Management staff visited the service frequently and were easily accessible as the provider's office is located in the vicinity of this service. Records showed a senior member of staff was on call at all times. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the management staff. Where incidents had occurred, detailed records had been completed and retained at the service. The CQC had been informed of incidents that the provider was required to tell us about.

Staff told us management staff were approachable and were always available to provide advice and support. A member of staff told us "The management are available for advice and support 24 hours. They care for us and the residents." We heard and saw management staff engage in a positive manner with people using the service. They indicated from their interaction with people using the service that they knew them well. A manager spoke of the positive relationships that the service develops with people using the service. They told us they communicated constantly with people using the service in an open and transparent manner, involving them fully in decisions about their care and support and providing a flexible service that met peoples' varied needs and often changing needs.

We saw records of monthly quality audits of the service that had been carried out by management staff. The April 2017 audit included checks of a range of areas of the service including medicines, records, health and safety, care plans and cleanliness. There were deficiencies that had been identified and a record of the action that was needed to address them such as the need for a carpet to be cleaned and plans for this task to be carried out at the end of April 2017. However this audit and the February and March 2017 audits of the service were not complete. For example the February 2017 audit showed that a number of areas had not been checked, which included; the medicines records, fridge and freezers, checks that anti-bacterial hand wash was available, paper towels, weekly testing of fire systems and care plans. The quality monitoring systems had not identified the issues to do with cleanliness of the premises, the possibly incorrect records of people's weight, two communal doors propped open, the lack of risk assessments regarding uncovered radiators and the no opening date on a bottle of medicine. Records of daily housekeeping checks had not identified that areas of the service were not clean.

Care staff had a range of monitoring roles and responsibilities in a range of areas of the service. These included; completing fire safety checks, weekly hot water checks and fridge/freezer and medicine cupboard temperatures, and cleaning duties. However, there was no indication that they and management staff had recognised that there were areas of the premises such as the kitchen that were not clean and had taken action to address this.

The current systems in place were not robust to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Staff told us they were kept well informed about the service, and felt able to speak up. A member of staff told us "Any issue we speak about it. They [management] listen and respond. Records showed best practice and other matters were discussed during team meetings.

Records showed that people using the service had the opportunity to complete feedback questionnaires about their view of the service. Questionnaires we looked at showed people were positive about the service. People using the service had the opportunity to meet regularly with staff on a one-to-one basis to discuss issues to do with the service and their day to day lives. A member of staff told us that resident meetings took place to keep people informed about the service and of any changes and to discuss other matters such as health and safety.

Policies and procedures had recently been reviewed. However they were difficult to access from the large policy file as the index system was not good. A member of staff told us that a range of policy information was included in the staff handbook that they had received.

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<br><br>People who use services and others were not protected against the risks associated with inadequate cleaning and maintenance of the premises.<br><br>Regulation 15 (1) (2) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The current quality audits were not robust and responsive to effectively assess, monitor and improve the quality and safety of the service and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.<br><br>Regulation 17 (1) (2) |