Mr Ahmed Rashid Holmes

Mount Vernon Terrace

Inspection report

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Tel: 01159784345

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 26 May 2016. Mount Vernon is registered to accommodate up to 16 people and specialises in providing care and support for people who live with a mental health condition. At the time of the inspection there were 16 people using the service.

On the day of our inspection 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 not sufficient processes in place to reduce the risk of the spread of infection. The risk to people's safety was reduced because staff understood how to identify the signs of abuse and who to report concerns to. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to.

Staff were recruited in a safe way, there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Personal emergency evacuation plans (PEEPs) were not in place, but regular fire drills were carried out. People's medicines were stored, handled and administered safely although there were not sufficient processes in place for the administration of 'as needed' medicines.

People were supported by staff who received an induction and supervision of their work, however some staff required refresher training in particular areas.

The registered manager was aware of the principle of the Mental Capacity Act (2005) and how to apply them if needed. Staff ensured people were given choices about their support needs and day to day life.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Clear guidance on how to support people living with diabetes was needed in people's care records. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.
People were able to contribute to decisions about their care and support needs. Information about how to contact an independent advocate was available for people. Staff understood how to maintain people's dignity and people were encouraged to lead as independent a life as they wanted.. People's friends and relatives were able to visit whenever they wanted to.

People's care records were person centred and focused on what was important to them. People were

involved with reviews of their care with staff and health and social professionals. People were encouraged to socialise with each other and others outside of the home. Staff had identified when people were at risk of social isolation and took positive action to address this. People were provided with the information they needed if they wished to make a complaint.

There was a positive atmosphere at the home. People and staff got on well together and they spoke highly of the registered manager. The registered manager understood their responsibilities and adhered to the terms of their registration with the CQC. People and staff felt able to contribute to the development of the service. People who used the service were encouraged to provide their feedback on how the service could be improved.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. However, effective processes were not currently in place to ensure the risk of the spread of infection was reduced.

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

The service was not consistently safe.

There were not sufficient processes in place to reduce the risk of the spread of infection.

People's medicines were stored, handled and administered safely although there were not sufficient processes in place for the administration of 'as needed' medicines.

Staff understood how to identify the signs of abuse who to report concerns to.

Risk assessments had been completed in areas where people's safety could be at risk. Personal emergency evacuation plans (PEEPs) were not in place, but regular fire drills were carried out.

People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who received an induction and supervision of their work, however some staff required refresher training in some areas.

People's day to day health needs were met by the staff and external professionals, however clear guidance on how to support people living with diabetes was needed in the care records.

The registered manager was aware of the principle of the Mental Capacity Act (2005) and how to apply them if needed.

People spoke highly of the food and were supported to follow a healthy and balanced diet.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People were able to contribute to decisions about their care and support needs.

Information about how to contact an independent advocate was available for people. Staff understood how to maintain people's dignity and people were encouraged to lead as independent a life as they wanted.

People's friends and relatives were able to visit whenever they wanted.

Is the service responsive?

Good

The service was responsive.

People's care records were person centred and focused on what was important to them.

People were involved with reviews of their care with staff and with health and social professionals.

People were encouraged to socialise with each other and others outside of the home. Staff had identified when people were at risk of social isolation and took positive action to address this.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a positive atmosphere at the home. People and staff got on well together. People and staff spoke highly of the registered manager.

The registered manager understood their responsibilities and adhered to the terms of their registration with the CQC.

People and staff felt able to contribute to the development of the service. People who used the service were encouraged to provide their feedback on how the service could be improved.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. Effective processes were not currently in place to ensure the risk of the spread of infection was reduced.

Mount Vernon Terrace

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 May 2016 and was unannounced.

The inspection was conducted by one inspector.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke in detail with four people who used the service. We spoke with all three of the care staff, a domestic assistant and the registered manager. After the inspection we spoke with an external health care professional.

We looked at the care records for four of the people who used the service, and also reviewed parts of other records for other people. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures and we carried out observations of staff interacting with the people they supported.

Requires Improvement

Is the service safe?

Our findings

We identified some concerns with the way the prevention and control of the spread of infection was managed at the home. Many parts of the home were clean and tidy; however some areas of the home required further cleaning. The kitchen, whilst clean in the majority of places had a chip fryer that was covered in grease. A chest top freezer, when opened had dirt around the seal and required an intensive clean.

We also found there was a lack of hand gels in the toilets on the first floor. Each of the toilets had empty hand gels dispensers which looked like they had not been refilled for some time. We raised this with the domestic assistant and they were unaware the dispensers were empty. Additionally the toilet used by staff did not have a sink in place which meant staff were unable to wash their hands.

We were told by the registered manager that 13 of the 16 people living at the home, smoked. This meant many parts of the home smelt of nicotine. We saw attempts had been made to reduce the smell. This included carpets and curtains being regularly replaced. However, domestic staff did not have a cleaning schedule to work to and there was no clear plan in place for the home to undergo a deep clean. This meant parts of the home such as skirting boards, doors and flooring, showed signs of not being cleaned for long periods.

We also saw some people's laundry was hung out to dry in the garage where people smoked. The garage was unclean and smelt of nicotine. This meant people's clothing was left to dry in unsuitable conditions.

We raised these issues with the registered manager. They acknowledged that more could be done to ensure the home was clean, but also stated the heavy smoking culture within the home made this difficult. They told us they would put in place a cleaning schedule which included deep cleaning at regular times of the year.

The concerns we found in relation to infection control were examples of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they felt safe living at the home. One person said, "I feel safe living here." Another person said, "They [staff] make you feel safe." A healthcare professional told us when they had visited the home people had not raised concerns with them about their safety.

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter and were aware who they could report concerns to both internally and to external agencies. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. People were provided with information about how they could report any concerns about their or others' safety.

Staff had attended safeguarding adults training although five of the nine staff had not carried out refresher

training in over two years. This could mean that their knowledge does not comply with the current best practice guidelines.

The registered manager told us there had not been any allegations of abuse made by people or staff at the home. We checked people's records and spoke with them and our findings supported the registered manager's view. The registered manager had a clear understanding of the processes to follow if they were made aware of any allegations of abuse.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. We saw there was a high emphasis on smoking amongst the majority of people living at the home. We looked at the care records for four of these people. We saw the registered manager had carried out a detailed risk assessment for each person. They had advised each person of the risks to their health and also ensured staff had the guidance in place to reduce the risk of fire due to smoking. This included checking people's bedrooms at night to ensure they had not fallen asleep with a lit cigarette and reminding people to smoke in designated areas only.

Other risk assessments had also been completed. These included people's ability to maintain their own personal hygiene, nutritional risks and people's ability to self-medicate. All risk assessments were reviewed regularly to ensure they met people's current needs.

When people had an accident or there had been an incident, the action taken was recorded in people's care plans. The registered manager told us that due to the type of service provided, with all people being physically able to move around the home independently, the number of accidents were very low. They also told us that if there was an increase then they would ensure the person had the appropriate support in place to reduce the risk of reoccurrence.

Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. A recent visit by the Nottinghamshire Fire and Rescue Service (NFRS) had identified some areas that required improvement to ensure the home met the Regulatory Reform (Fire Safety) Order 2005. The registered manager told us they had now complied with the requirements of that visit.

A business continuity plan was in place to enable the registered manager to ensure support was available for people if there was an emergency, such as power failure or gas leak. An emergency evacuation plan was in place to evacuate people in an emergency, however, personal emergency evacuation plans (PEEP's) that identified each person's individual needs, were not in place. We discussed this with the registered manager who told us that all of the people who lived at the home understood what to do if the fire alarm went off. Records indicated that fire drills were conducted every six months and all people had complied with the request to leave the premises. The registered manager advised they would make it clear in each person's care records that they understood what to do in an emergency, and if people did not, then a PEEP would be put in place for them.

During the inspection we saw people were supported by an appropriate number of staff to meet their needs. The registered manager told us people lead independent lives and did not need continual support from staff. Dependency assessments of the needs for each person had not been completed as they felt there were sufficient staff available. Our observations and discussions with people supported this. One person said, "The staff are here if I need them."

Safe recruitment and selection processes were in place. Records showed that before all staff were

employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. The people we spoke with told us they were happy for the staff to manage their medicines for them. In each of the four care records that we looked at, we saw discussions had been held with people and they had agreed they did not wish to manage their own medicines.

We observed a member of staff administer people's medicines at lunch time. They did so in a safe way, ensuring people understood what they were taking and why. Medicines were stored safely in a locked cabinet within a locked room. Regular room temperature checks were recorded and were within acceptable limits. The temperature checks ensure that medicines are stored at a safe temperature so as not to reduce their effectiveness.

People's medicine administration records (MAR) were appropriately completed. They were used to record when a person had taken or refused to take their medicines. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine. When handwritten entries had been made to people's records they had been signed by two staff members to confirm the additions were correct.

We saw one person received medicines that were administered not as part of a regular daily dose or at specific times. These are sometimes referred to 'as needed' or PRN medicines. The person's MAR and care record did not contain guidance for staff to follow when administering this medicine. The person's MAR showed the medicine was rarely administered, which would indicate staff were aware not to give this medicine unless absolutely necessary, however it is good practice to have an agreed protocol to ensure a consistent approach to its administration. We also saw the reason the medicines was administered had not been recorded. The registered manager told us they were satisfied that staff understood when to administer this medicine but would ensure a protocol was immediately put in place.

The registered manager told us they regularly reviewed the stock levels of people's medicines as part of their auditing process. They also told us they carried out reviews of the competency of the staff when administering the medicines to ensure they did so safely and in line with best practice guidelines.

People's care records contained the list of medicines which they took each day. However in each care record that we looked at we saw this was not always updated when new medicines were administered or others had been discontinued. This could be confusing for staff or other healthcare professionals when reviewing each person's medication. The registered manager told us they would review each care record and ensure the lists were up to date and reflected the medicines each person currently received.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the way staff supported them. One person said, "They [staff] know what they are doing. They help when I need it and then leave me alone when I don't." Another person said, "I'm happy with the staff. I am content."

Staff records showed there had been no new staff starting at the home since March 2011, which meant people were provided with a consistent staffing team who understood their needs. We saw staff completed an induction before starting work and then received regular supervision and an annual appraisal of their work. Staff said they felt supported by the registered manager.

The registered manager told us if new staff commenced working at the home they would complete the 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff received a wide range of training for their role. This included training in areas such as food hygiene, infection control and safeguarding of adults. The training matrix provided by the registered manager identified some areas where staff required refresher training.
For example five members of staff required refresher training in mental health. Other training for some staff such as safeguarding of adults, managing behaviours that may challenge and the Mental Capacity Act also required further refresher courses. The registered manager told us they would address this immediately.

The staff we spoke with however told us they felt they had received the training the needed to carry out their role effectively.

People's care records contained information for staff on how to support people with behaviours that may challenge others. The registered manager told us restraint was never used within the home and alternative methods of support people were in place such as encouraging people to remove themselves from potential challenging situations.

We observed staff offering people choices and listening to and respecting people's wishes. We saw staff give people options throughout the inspection and gaining their consent where needed.

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. We checked whether the service was working within the principles of the MCA.

The staff we spoke with, including the registered manager had a good understanding of the MCA and could

explain how they used it effectively when supporting people.

People within the home were able to communicate verbally with staff and to explain their needs and choices. People's care records showed they were regularly asked for their views on the care and if willing to, they signed their care records to record this agreement.

The registered manager told us all people's ability to consent to decisions had been formally assessed when they first came to the home. They told us that if a person started to show signs of the onset of dementia, they may be moved to a more suitable home. This was to ensure they received the most effective care available for their needs. In each of the records we looked at we saw the registered manager had followed the principles of the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). However, due to the nature of the service provided and the needs of the people supported at the home, DoLS were not in place. The registered manager told us people were free to come and go as they pleased and there were no restrictions in place. We saw people leave and come back to the home throughout the inspection.

Staff had a good understanding of what DoLS meant for people. One staff member said, "It means if DoLS are not in place we have no right to stop anyone leaving the home. Although it is not relevant here as people can come and go as they please."

People spoke positively about the food and drink they had and the choices they were given each day. One person said, "The food is lovely, I have no issues at all. The cook is remarkable. We get lovely cooked meals." Another person said, "The food is all good. You get breakfast, lunch and dinner and other food which is nice."

People's care records contained a list of their food and drink likes and dislikes, their allergies and any dietary requirements that could affect their health.

We observed the lunch time meal. The meal was served individually to people on tables that were laid with a table cloth, knives and forks and condiments. Menus were also available for people. All people were able to eat independently. When people requested extras such as bread and butter these were brought to them quickly.

The cook showed us the menus which contained a wide variety of meals available for people. They told us and records confirmed that people completed their choice in the morning and then the food was cooked for them. We checked the kitchen and found the fridges, freezers and storage room was fully stocked with a wide variety of food. We noted that many of the items were budget supermarket own brand products, however it was evident from the feedback we received, and the empty plates after lunch, that people enjoyed the food.

The service was inspected by the Food Standards Agency (FSA) on 14 August 2015. They received a rating of '3 – Generally Satisfactory'. This meant food was prepared in a kitchen that met the basic safe level required by the FSA. We found some areas of the kitchen that were not operating effectively. For example we saw the temperatures of the fridges and freezers had not been recorded for the month of May. This meant that food could have been stored at temperatures that affected its quality. We also saw parts of the kitchen required cleaning such as one of the freezers and the chip fryer.

People's day to day health needs were met by staff. People's records contained numerous examples where people had attended external health and social care appointments such as visits to GPs and dentists and staff went with people if they wanted them to for support. Records showed two people who were living with diabetes, which was controlled by their diet or tablets, received regular health monitoring visits. However we noted guidance was not included in their care records for staff on how to support them with a diet that was appropriate for a diabetic.

Records showed people were living with a variety of mental health conditions such as paranoid schizophrenia. They received regular reviews with external health care professionals which ensured they received the appropriate support and medication to control the condition.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "The staff are nice to me. It's the nicest place I've ever lived." Another person said, "The staff are kind."

People's religious and cultural needs were taken into account, respected and understood by staff. When people first came to live at the home, records showed they were asked whether they needed any support from staff to follow their cultural or religious beliefs. Due to people's ability to make decisions for themselves no support was needed from staff. We were informed that two people regularly attended a local church on Sundays.

We did not see people become distressed or upset during the inspection. A person told us the staff were always there to offer them reassurance if they felt upset. We observed one person state they were 20 pence short for a purchase they wanted to make. The staff member acknowledged the person needed this money and gave it to them out of their own pocket. This had a considerable and positive impact on the person.

We observed staff interacting with people throughout the inspection. There was a good rapport between people and the staff and there was a calm and relaxed atmosphere within the home. There was lots of good natured banter and staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say.

People's care records contained details of people's personal preferences and life history. We observed staff interact with people in a knowledgeable way which meant they understood what was important to each person.

People were involved with planning and making decisions about their care. Each of the four care records we looked contained numerous examples where people had been consulted and where appropriate changes to their care had been made. One person said, "They listen to you, they don't judge and do as you ask."

Where people were unable to make their own decisions about their care and support needs and did not have a relative to speak on their behalf, people were provided with information about how they could contact independent advocates for advice. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Records showed people had regular involvement with social workers and community psychiatric nurses who regularly discussed their care and support needs with them.

People were supported to be as independent as they wanted. We saw people come and go from the home as and when they wanted to. The registered manager told us they had an agreement with people that if they were going to be out of the home after 10.00pm at night that they would let them know. They told us that in the vast majority of cases people agreed to do this. We saw people's care records contained assessments of people's ability to undertake daily tasks for themselves.

People told us staff respected their privacy and dignity when supporting them. One person said, "They [staff] always knock the door [before entering their bedroom]." We observed this happening throughout the inspection which ensured people were not disturbed or their dignity could be compromised. There was space in the home for people to have privacy and we observed staff respect peoples' wish to be alone.

An equality and diversity policy was in place at the home and the staff we spoke with understood the need to respect people's right to lead their lives in the way they wanted to. Records showed staff had all received 'equality and inclusion' training, although for some staff this had been completed over three years ago which could mean their knowledge was not in line with current best practice.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction.

Good

Is the service responsive?

Our findings

People told us they were supported by staff to do the things that interested them. One person said, "I can do what I want to, and can go out when I want to."

The registered manager told us that many of the people who lived at the home chose to socialise with each other rather than to go out. To support people's decision, the registered manager had converted the basement of the house into a games room. This included a place for people to meet to have a game of pool, listen to music or chat with each other. A person who used this room said, "I play pool, and I like to have a nice cake and coffee whenever I want as well."

In each of the care records we looked at we saw each person had been assessed as being able to access the community independently and it was recorded in their daily notes when they had done so. This included people visiting a local market, pubs and cafes. A member of staff told us they also arranged group events for people. This included going to a local fair and an annual holiday. The home itself had games, music, satellite television and books, magazines and newspapers for people to use if they wished to.

Staff supported people to develop and maintain relationships that were important to them. People were encouraged to meet friends and family either within or outside of the home. One person told us they met their friends when they wanted to.

Plans were in place to support people who were at risk of becoming socially isolated. The registered manager told us they had provided a person with an allocated number of one to one hours per week with a staff member to do the things that were important to them. This could be sitting and chatting in the home or going out for a coffee or a walk in the park. The registered manager told us the person responded positively to this.

People's bedrooms contained a variety of pictures, photos and items that were personal to them. The registered manager told us people were able to decorate their bedroom in the way in which they wanted to.

People's care plans were written in a person centred way and there were examples included within the records of people's continual involvement with decisions about their own care. Care records were regularly reviewed and where appropriate included input from relatives and health and social care professionals.

People's care records contained information and guidance to enable them to respond appropriately to people's health needs. For example, in each record we saw a checklist had been included for staff to help them identify the 'early deterioration of mental health'. This guidance enabled staff to ensure that professional support could be requested quickly to reduce the risk of each person experiencing further mental health problems.

People were provided with information via a service user guide. This guide informed people about what they should expect from living at the home. This included reference to the type of support they could expect from

staff and how they could make a complaint if they were not happy with the service provided.

People told us they were happy and had no need to make a formal complaint to the registered manager. The registered manager told us they had not received any formal complaints but did keep a record of minor concerns raised by people. We saw these had been responded to in a timely manner and in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. One person said, "They [staff] listen to what I have to say."

There were regular meetings for people who used the service to discuss their views on the quality of the service provided. We viewed the minutes of the meetings and saw where people had requested action to be taken; this had been carried out by the staff. This included changes to food and the décor within the home.

Regular staff meetings were also held. Minutes of these meetings showed a wide variety of issues with regards to the service provided within the home were discussed, along with staff having the opportunity to raise any concerns they may have. A staff member said, "We all speak our mind."

People were also asked for their views via a questionnaire on the quality of the service provided. The results of the questionnaire were in the majority of cases positive and actions had been put in place to address the minor concerns raised by people. We saw the results of the questionnaire were also discussed with people during resident meetings to ensure they were kept informed and that their views would result in action being taken.

There was a positive and friendly atmosphere throughout the home. Management, staff and people who used the service all appeared to enjoy each other's company. The registered manager told us they had an 'open door' policy and welcomed people and staff to come and speak with them. We saw this happen throughout the inspection.

The registered manager understood their roles role and responsibilities. They were clear on what they could and could not do in relation to their registration with the CQC. The service is registered to provide people with support who are living with mental health needs. They explained what they would do if they felt a person required support from another type of service such as an older person's home that specialises in supporting people living with dementia. The registered manager was also aware of their responsibilities to inform the CQC and other agencies, such as the local authority safeguarding team, of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

People spoke highly of the registered manager. A person who used the service said, "He is really nice." Another person said, "[The registered manager] is always ready to help."

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. One staff member explained how many of the staff working at the home were part of the same family. They also said, "We all work well together. We are literally one family and

we treat the people who live here like family as well."

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. The majority of these audits operated effectively, however it clear that more needed to done to ensure the people were protected from the risk of the spread of infection and to ensure staff received regular refresher training. The registered manager has told us they would implement a thorough cleaning schedule within the home for the domestic assistant to follow. They told us they would personally ensure the schedules were followed to make the required improvements within the home. They also told us they would ensure all staff received refresher training when needed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager did not always provide service users with safe care and treatment by: (2) (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, included those that are healthcare associated.