

KYS Limited

Ashleigh House

Inspection report

8-9 Westminster Road
Earlsdon
Coventry
West Midlands
CV1 3GA

Tel: 02476228200

Website: www.ashleighcarehome.com

Date of inspection visit:
13 April 2022
25 April 2022

Date of publication:
05 August 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ashleigh House is a residential care home providing personal care for up to a maximum of 24 people. The service provides support to older people. At the time of our inspection there were 16 people using the service.

People's experience of using this service and what we found

We carried out an unannounced comprehensive inspection of this service on 13 and 19 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when, to improve good governance of the service.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

The quality and safety of the service had deteriorated since our last inspection which showed the provider was unable to make and sustain improvements to benefit people. The lack of provider and management level oversight meant previously demonstrated standards and regulatory compliance had not been maintained. The provider's systems and processes designed to identify shortfalls, and to drive improvement were not effective and had not identified the concerns we found.

Whilst people told us they felt safe, risks associated with people's care, staffing, and the environment, (including fire safety) were not consistently identified, assessed, and well-managed. This placed people at potential risk of harm. The prevention and control of infection was not always managed safely and in line with government guidance. The management of medicines required improvement. Safeguarding procedures had not always been followed to protect people from avoidable harm.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Records were not always sufficiently clear to show if people had capacity or not. Information on how to manage specific decisions relating to people's care was not clear.

Staff lacked knowledge in some areas demonstrating training was not always effective. People and relatives spoke highly of the regular staff who cared for them. Staff were caring in nature, but people's privacy and dignity was not upheld consistently. People had access to health and social care professionals to help support their needs.

People's needs were assessed prior to moving into the home to help ensure these could be met. Care records did not always provide staff with the information they needed to deliver personalised, safe care, and some records contained conflicting, out of date information. Daily care records had not always been completed in sufficient detail to demonstrate people had received the care they needed to keep them safe

and well. Whilst people had access to some social activities there were limited opportunities to take part in varied and meaningful activities. People said staff were caring and spoke positively of the support they received. There had been no recent complaints received by the service.

Staff felt supported in their roles and spoke positively of management. The manager acknowledged the areas of the service that required improvement and acknowledged they needed additional support to achieve this.

Rating at last inspection and update

The overall rating for the service has changed from Requires Improvement to Inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh House on our website at www.cqc.org.uk.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches in relation to people's safety, and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our Well-Led section below.

Ashleigh House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people.

Service and service type

Ashleigh house is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashleigh House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people about their experiences of the care provided. We spoke with seven members of staff, including the provider, the interim manager, care staff, the cook, temporary agency care staff and a domestic who completed cleaning at the home. We observed the care people received and reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and support, and a range of records relating to the management of the service, including audits and checks and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning Lessons when things go wrong

- Risks associated with people's care and the environment were not always safely managed.
- One person had skin damage but there was no risk assessment or care plan indicating how staff should manage this. Whilst district nurses were involved and supporting this person's care, it was evident staff were applying dressings in the absence of the district nurse without having completed the necessary training for them to do so safely. This practice ceased following our inspection visit with instructions for staff to contact the district nurses if needed.
- One person was wearing a specialist item of equipment following surgery. Staff knew the person needed to wear this, however, the associated risks with this had not been assessed to ensure this was always used safely to promote healing. Another person who experienced seizures, had no risk assessment or care plan to guide staff on what to do if the person had a seizure. The interim manager told us, "There isn't one. I didn't know we needed one." Following our visit, these risks were assessed to improve safety.
- Wardrobes and radiator covers around the home were not secured to reduce the risk of them toppling over onto people. One wardrobe was found to be unstable and could be rocked from side to side. A radiator with a vent at the top had laundry items stored on the top of it and underneath the cover presenting a potential fire risk. Action was taken following our visit to address these issues.
- People were using unsafe walking frames as they had worn ferrules (rubber feet) which were down to the metal increasing the risk of people falling if walking with their frame. Immediate action was requested to address this, and the provider made arrangements for all ferrules to be replaced and confirmed this as completed following our visit.
- The provider had contracts for regular safety checks and planned maintenance, but it was not always clear that actions required following these checks had been completed to minimise any safety risks to people. For example, there were actions detailed on a fire risk assessment with a time limit, but it was not clear the actions required had been completed, and to the required standard. Action was taken following our inspection for a new fire risk assessment to be completed.
- Whilst we acknowledged the challenges the provider has faced over the last twelve months, our inspection findings demonstrated the provider had not learned lessons since our last inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for reporting any incidents of concern, but the provider had not always ensured all actions needed in response to them were addressed to help keep people safe.

Using medicines safely

- Medicines were not consistently managed and stored safely.

- Medicine counts identified discrepancies when checking against medicine administration records. This meant it was not clear people had always received their medicines as prescribed.
- Pain relief medicine patches to be applied to the skin required enhanced checks and were not managed safely. One patch was missing and could not be accounted for when checking the records. This had not been identified and investigated by any provider audit checks.
- Medicines were not consistently stored safely. Some highly flammable topical creams were kept in people's bedrooms with no risk assessments to demonstrate how they should be safely managed.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. Checks of lateral flow tests were not made consistently of visitors to the home. For example, the inspection team were not asked for evidence of lateral flow tests on the first day of the inspection visit.
- We were not assured that the provider was using PPE effectively and safely. Staff were seen with masks below their nose on frequent occasions during the inspection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, completed cleaning schedules were not in place consistently. Some equipment such as a safety mattress on the floor and a bed cover was not clean.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Staff were not following government guidance to help prevent the spread of infection.
- We were not assured that the provider's infection prevention and control (IPC) policy was up to date. The providers policy did not reflect current government guidance to support staff in understanding their responsibilities regarding infection prevention and control. For example, the IPC policy did not mention the need for staff to wear face masks and complete COVID-19 testing and the frequency of this.

Staffing and Recruitment

- The deployment of staff needed to be improved to ensure risks were always managed well and staff worked in clearly defined roles that met people's needs safely and consistently.
- Information provided during the inspection did not demonstrate temporary agency staff working at the home had received sufficient training and were suitable to work at the home to ensure people received safe care.
- During our inspection, recruitment records reviewed did not demonstrate pre employment checks were completed in a timely manner. That meant the provider was unable to assure themselves staff were suitable to work with people.

At our last inspection we identified improvements were needed in risk management. There had been insufficient checks of equipment people used, failure to ensure safe management of infection prevention and control, and failure to identify care risks. These risks continued at this inspection.

The provider failed to robustly assess the risks relating to the health safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at Ashleigh House and spoke positively of the staff that supported them.
- Care staff knew to report any concerns to a senior staff member so they could be acted upon accordingly.
- The provider had taken measures to minimise the impact of unexpected events. Each person had a personal emergency evacuation plan to ensure their individual needs for support in an emergency were known. Staff were aware of where they could evacuate people to in the event of an emergency.
- Staff felt there were enough of them on duty to keep people safe and to meet their needs. People told us

staff were busy but were available when they needed them.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The providers approach to visiting did not align to government guidance. On the first day of our visit there were restrictions on visiting times. The provider reviewed their visiting arrangements so open visiting was in place by the second day of our visit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were working to complete all the training required to support them in their role. The training record was not accurate at the time of our visit. The provider told us of the challenges faced by the COVID-19 pandemic which had impacted on the completion of some staff training. This had impacted on staff knowledge and understanding. For example, staff did not understand the term 'best interest' decisions to support people's wishes safely, and the importance of recording detailed care information to demonstrate safe care had been provided.
- New staff completed an induction when they started work at the service and also commenced training linked to the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.
- Staff told us they had supervision meetings with their manager to help support them in their role. One staff member said, "We have supervisions and I would tell [interim manager] if I needed any training or I was unhappy about anything."

Supporting people to eat and drink enough to maintain a balanced diet

- Care records were not consistent in identifying nutritional risks. One person's care plan stated they had a 'normal' diet. A nutritional risk document was scored as zero risk. However, the person required a thickening agent in their fluids to aid swallowing. This meant there was a risk staff may not recognise and act upon swallowing and choking risks.
- The cook was aware of those people who required special diets and adjusted the menus accordingly to support their needs. For example, low sugar options were provided for those people living with diabetes.
- People told us they liked the food and confirmed there were choices available each day. A menu board was on display in the dining room to inform people of meals for the day. People chose whether to sit in the dining room, the lounge, or their bedroom for meals. Tables were laid with tablecloths, mats and condiments to help make it a more enjoyable and social experience.
- One person said, "They (staff) come around they say what's on the menu, breakfast is porridge every morning, sandwiches or boiled egg." Another described the food as, "Nice, freshly cooked."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management and staff team had a limited understanding of the requirements of the MCA. For example, staff confirmed the code to open the front door to the home was not shared with people who had capacity. Staff did not recognise this was a restrictive practice.
- Information in some mental capacity assessments was unclear. For example, one person was assessed as not having capacity to manage their medicines. Staff told us this was incorrect because the person had capacity. When we raised this with the interim manager, they were not able to confirm the accuracy of the information.
- The provider had submitted DoLS applications for some people to the Local Authority. However, we were told us one person was not free to leave and did not have capacity. The interim manager advised they had "not got around to" completing a DoLS application. This meant we could not be sure DoLS applications had been made where needed to ensure people's liberty was not unlawfully restricted. We have subsequently been informed DoLS will be reviewed.

Adapting service, design, decoration to meet people's needs.

- Ashleigh House is an adapted building. Some areas of the home were in need of decoration to maintain cleanliness such as paint chipped shelving and skirting boards. A lift enabled people with mobility difficulties to access other floors. People brought their personal items into the home when they moved there to make their rooms homelier.
- People were able to move around the building independently and could choose to sit in either of the two lounges and a dining area.
- Signage was used around the home to support people to locate their rooms, bathrooms and toilets.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's assessed needs was obtained before they moved into Ashleigh House to help ensure their needs could be met. This included information about their mobility, health and support needs.
- Some people at Ashleigh house were staying there on a temporary six-week placement following hospital treatment to continue their care and assessment out of the hospital environment. Staff told us it was planned that people on such a placement returned to their own homes when they were well enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social professionals to support their needs such as opticians for eye care and district nurses for some more complex care needs.
- People told us the doctor was located close by and they had seen them when needed. One person told us, "I have had a doctor in, I've not been well."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People said the staff were "nice" with one commenting, "Some are more caring than others." There was a mix of longstanding staff who knew people well, and new staff working at the home which people were adjusting to.
- People's dignity was not consistently maintained. We saw two people's laundered clothes in wardrobes in their rooms that were creased and did not appear to have been ironed. We also noted a toilet opposite the lounge was in regular use had no lock on the door. Sometimes staff were not fully closing the door in good time when supporting people. A lock was fitted following the first day of our visit.
- One person was not dressed in day clothes to respect their dignity and remained in the same clothes all day. Staff told us the person refused to wear any other clothes and stated, "They will only wear those ones." This was not reflected in the person's care records to help staff provide a consistent approach to personalised care that met the persons wishes.
- When we visited one person in their room, we noted a continually dripping tap which the person confirmed was distracting and had been like that for some time. We noted in another person's room the clock was not set at the correct time. These issues did not reflect caring practices. The dripping tap was resolved by the second day of our inspection visit.
- Staff understood the importance of maintaining people's independence and we saw this was encouraged where possible. For example, staff walked alongside a person using a walking frame to provide reassurance and support if needed.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make some decisions regarding their care. Family members were involved where it was known people did not have the capacity to make certain decisions. One person said "I've got a family member who has Lasting Power of Attorney. They deal with all finances, health and welfare."
- Care plans showed people's involvement in decisions linked to their care when they were first assessed, but their ongoing involvement in decisions was not clear. People could not recall being involved in care decisions on an ongoing basis. The provider told us of their plans to review and update people's care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider and staff were not fully aware of the AIS standards to help ensure information was accessible to people. The providers 'service user guide' contained no reference to this being available in other formats or languages. The provider stated this was something they would look into addressing.
- Care plan records contained information about people's communication needs and we saw staff communicated with people in ways they preferred.
- Care records included a 'family communication log' which showed people were able to keep in touch with their families via the telephone if they were not able to visit.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to occasional social activities within the home, these had been limited during the COVID-19 pandemic. We saw people participating in a ball game activity in a lounge for around ten minutes. People were heard telling staff they had enjoyed it.
- One person's care records stated they liked to crochet and complete word searches. We saw the person had been supported to do this during our visit.
- People acknowledged the range of social activities was limited and there were minimal social activities they wished to participate in. We saw most of the time people watched television either in their rooms or the lounges. One person who told us they used to enjoy drawing said, "There was a lady who used to come and do drawing, I don't know where she is."

End of life care and support

- Care files did not consistently show that people's wishes when at the end of life had been considered and agreed with them. For example, one care file indicated the person would want to be pain free, but another contained a blank form regarding their final wishes with no indication if this had been discussed with them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in some decisions around their care to help meet their needs and preferences.

People told us their families had been involved in making decisions about their care and support.

- We saw people made choices about where to sit, what to wear and what they ate and drank. Some people chose to remain in their own rooms.

Improving care quality in response to complaints or concerns

- People told us they had not raised any complaints, and some were unsure who the most appropriate person would be to raise a concern with, if they had one. One person said, "The maintenance man is very good". Another said, "I don't like to get anyone into any trouble."
- The last complaint recorded had been in May 2021 and this had been investigated and acted upon. There were no recent complaints recorded.
- There was a complaints policy with contact details of the Local Authority, Ombudsman and the Care Quality Commission should people need these. People spoken with told us they had no complaints.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there were effective systems and processes to monitor the health, safety and welfare of people consistently to drive improvement. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The quality and safety of the service had deteriorated since our last inspection. The breaches of the regulations we identified showed the provider was unable to make and sustain improvements.
- The providers systems to monitor quality and safety had failed to identify staffing arrangements were insufficient for the effective management of the home to ensure people received safe care, in a safe environment. At the time of our inspection, the appointed manager was on unplanned leave resulting in the deputy manager acting in the role of interim manager. However, they were not working in this role consistently.
- The providers recruitment systems and processes placed people at risk. The provider failed to demonstrate that temporary agency staff were safe and suitable to work at the home. For example, one staff member Disclosure and Barring check (DBS) check had no date of issue and the record also showed training to have been completed on a future date.
- The provider had failed to maintain sufficient or accurate oversight of the service which placed people at unnecessary risk. We identified unsafe equipment was used for people. We could not be assured of the fire safety of the home, and staff were not always working safely.
- The provider's systems had failed to identify, assess and mitigate risks associated with people's care. Care records were not always accurate and up-to-date to guide staff and ensure safe management of people's needs. Specific instructions from health professionals around how to deliver care were not always followed or accessible to staff.
- The provider had not identified COVID-19 national guidance was not being followed to keep people as safe as possible during the Coronavirus pandemic.
- Systems in place to check safe medicine management were not effective because discrepancies were not identified and acted upon.
- Lessons had not been learned. Systems and processes to assess and monitor the safety and quality of the service were not sufficient. Audit checks had not identified issues we had found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The providers systems and processes failed to identify that information about people's individual needs was either lacking in detail or was not accurate within care plans to help ensure staff delivered safe personalised care. For example, medical advice for one person required two staff to support them with a frame. The risk assessment and care records did not show this, and the person was seen supported by one staff member only.
- Staff told us one person would shout and swear if staff attempted to try and get a person to change their clothes. Their care plan stated the person was "Generally settled and compliant." There was no behaviour care plan that reflected the persons behaviours to advise staff how to respond to ensure a consistent approach in managing this person's wishes. This had not been identified as part of a recent care plan audit to ensure the person was not made to feel anxious repeatedly.
- Systems and processes were not sufficiently robust to ensure when things went wrong, they were reviewed and shared with staff. Where staff meetings had taken place to share information, it was not clear which staff had attended to show all staff were involved.
- The provider had not met their legal responsibilities to ensure people were safeguarded from the risk of harm.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continuing breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider implemented an action plan to improve standards and practice at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Despite our concerns, people were generally positive about the service. Comments included, "They are ever so good" and "Pretty good" (referring to the staff and their experience of the home).
- Seven relatives had completed the provider's quality satisfaction surveys which all contained positive responses. All scored the home positively between eight to ten, out of a total of ten. The responses were not dated but the interim manager stated these had been received in the last three months.
- People were positive about the deputy manager who was working as the interim manager at the time of our visit. They described them as being 'open', 'approachable' and 'nice'.
- Staff told us they were happy working at the home and felt supported by the interim manager.
- Staff worked with other organisations including social workers and health professionals to support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care, the environment, and medicines were not always managed effectively to keep people safe.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) HSCA RA Regulations 2014: Good Governance Systems and processes to monitor the health, safety and welfare of people were not effective in ensuring ongoing improvement of the service

The enforcement action we took:

Warning Notice