

Dual Care Limited

The Rookery Care Home

Inspection report

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Eastwood
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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

We inspected this service on 13 October 2015. The inspection was unannounced.

The Rookery is a care home in the Eastwood area of Nottingham, owned by Dual Care Limited. The accommodation consists of a large Georgian building which has been extended to provide additional bedrooms. Care is provided over two floors of the building and a lift was available. The service is registered to accommodate up to 30 people who require nursing or personal care. At the time of our visit 16 people were living at the Rookery.

The service had a registered manager in place at the time of our visit. 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.

We found the provider was not meeting the requirement to keep people safe as there were not always sufficient numbers of staff available to meet people's needs which meant people were left unattended for long periods of

Summary of findings

time. We saw people were left in soiled clothing due to incontinence and staff did not assist them to change their clothing. The system to call for assistance was not adequate and not all people had access to a call button. This meant that people would experience delay in accessing assistance when required.

Risks to people were not always assessed and monitored to protect them from the risk of harm. Risk assessments that were in place were not reviewed or updated and did not give instruction for how to reduce risk of injury. Measures to reduce risk were not always used, for example sensor mats to alert staff that a person at risk of falls was moving were not always used.

A number of people who used the service had dementia and were not always able to communicate their wishes clearly. We saw that staff understood the needs of people and were able to communicate with them effectively.

People were not supported to engage in any meaningful activities.

The service was not meeting the requirement to ensure that fit and proper persons were employed as appropriate pre-employment checks were not always carried out. References or conduct in previous health and social care roles were not checked.

The service was not meeting the requirement to ensure the environment was clean and properly maintained. The environment was dirty and had a strong smell of urine. Furniture and flooring was clearly soiled and chairs were unclean and in need of repair or replacement. Infection control audits and training had not been carried out.

People's records were not always updated to reflect the person's current need and information was sometimes contradictory.

People received their medicines as prescribed. However medicines were not always being stored safely to ensure they were still effective.

People were protected from the risk of abuse in the service and the manager knew what information should be shared with the local authority when needed. Staff knew how to respond to incidents and when to share information with the safeguarding team. This meant there were systems in place to protect people from the risk of abuse.

We saw good examples of staff supporting people to maintain their nutrition. Staff were involving a range of health professionals when people's needs changed and they needed extra support.

Where people lacked capacity to make a decision, mental capacity act assessment guidance was followed. We noted good examples and understanding of deprivation of liberty safeguards guidance.

People were supported to maintain their nutrition and staff were involving a range of health professionals when people's needs changed and they needed extra support.

People were mostly treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people and supported them to develop their independence.

Systems were in place to allow people, their relatives and staff the opportunity to give feedback about the service. However we found this feedback was not acted on. The service was not meeting the requirement to ensure good governance as the systems in place to monitor the quality of the service were not robust.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

There were not enough staff to provide care and support to people when they needed it. People were left unattended for long periods, calls for assistance were not responded to promptly. People were left in soiled clothing and did not receive pressure area management.

People received their medication as prescribed but their medicines were not always stored safely. People were placed at risk of falls due to a lack of effective risk management.

People lived in an environment which was not always clean and hygienic.

Inadequate



Is the service effective?

The service was not always effective.

Risks to healthcare were not always managed appropriately and care records were not regularly updated which meant people could be at risk of receiving unsafe care.

Staff did not always have access to training and opportunities for development which meant they may not be able to deliver care that met people's needs.

People were supported to maintain their nutrition and staff, who had received training to support people, were involving a range of health professionals when people's needs changed and they needed extra support.

Requires improvement



Is the service caring?

The service was not always caring and people were not always treated with dignity and respect.

People were generally treated with kindness, compassion and told us they were happy with the care they received. However we saw examples where people's dignity was not maintained.

People were supported to be as independent as possible and make choices about their care and routine.

Requires improvement



Is the service responsive?

The service was not always responsive.

Some people's needs were not met in a timely manner. People did not always receive personal care when required.

People were not always involved in the planning or review of their care.

People did not have the opportunity to engage in meaningful activities

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The systems in place to monitor the quality of the service were not robust and were not identifying issues in relation to medicines, record keeping, support plans and equipment safety.

People, their relatives and staff were involved in having a say about the service through meetings and surveys but these were not acted on.

Requires improvement



The Rookery Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 13 October 2015 and was unannounced.

The inspection team was made up of two inspectors. Prior to the inspection we reviewed evidence we held about the service including previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we talked with three residents and one person's relative and spoke with a visiting District Nurse and a volunteer visitor. Following our inspection we spoke with commissioners of the service.

We also spoke with two members of care staff, the registered manager and the registered provider. We looked at the care records of four people who used the service, medicines records, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the manager and registered provider.

We observed people receiving care and we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We found that people were not always protected by the recruitment practices as appropriate pre-employment checks were not always carried out to ensure staff were suitable to work with people who used the service. We reviewed the recruitment files of four of the 21 staff employed at the service. We found concerns where safe recruitment practices had not been followed in two of these. For example, one staff member's file indicated concerns regarding their conduct in previous employment. A risk assessment in respect of their suitability to work with vulnerable adults had not been completed and the registered manager was not aware that this needed to be done or that additional checks should be carried out.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person and their relation told us they had not experienced any concerns about the staffing levels so far. A second person said, "I think there is enough (staff) as long as no one rings in sick or has holidays. Sometimes they are rushing around but they seem to have time".

Although people told us they felt there were enough staff working in the service, our observations and discussions with staff did not support what people told us. As we saw sufficient staff were not available to support people's needs. We observed that people often had to wait a long time for assistance and staff were constantly busy throughout the day. This resulted in them being task focussed as they did not have the time to interact with people in a meaningful way. We saw that the only time staff had to interact with people was when they were supporting them to eat and when they were engaging them in a task, such as a transfer using a hoist or supporting them to go to the hairdresser. On these occasions the interactions had a positive impact on people but they were infrequent due to how busy staff were.

A member of staff told us they felt there should be more staff to meet the needs of people and said they felt people's quality of life could be improved if staff had more time to spend with people. They felt people sometimes had to wait for assistance when they needed it.

Staff also told us that ten of the 16 people using the service needed two members of staff to support them with personal care. They said that when they were busy with

these people and the senior member of staff was also administering medicines there wouldn't be any staff available to support other people using the service. We observed this during our inspection, when call buzzers were not answered and people did not receive assistance to go to the toilet.

We saw from supervision records and the staff survey that other people had also raised low staffing levels as an issue. The registered manager acknowledged that staff numbers were sometimes low and told us additional staff were being recruited to cover the busiest periods of shifts. We saw evidence to confirm the recruitment was in progress but additional staff had not yet been employed.

Furthermore the call bell display system consisted of a very small digital screen located in an alcove on the ground floor. This meant if staff were supporting people on the first floor and the bell sounded they would need to go downstairs to see who needed assistance. Staff told us this could create delays for people getting assistance, particularly at busy times such as when people first woke up and used their call bell to seek support from staff. However one person we spoke with told us "In your room, if you press (the call bell) they come quickly". Additionally we noted that people using the service did not have access to call bells in the communal areas. We asked one person how they would summon assistance if required; they told us "We help each other. If one of us can't reach the alarm the other will press it". We found that the low staff numbers and lack of adequate call system could, and had, led to delays in people receiving assistance and exposed them to risk of harm. For example people at high risk of falling did not receive the regular welfare checks indicated in their care plans and had continued to have a high number of falls.

The provider did not have a system to assess the number of staff required to meet people's needs. We asked the registered manager how they assessed the number of staff required to meet people's needs. They told us "Rotas are based on the shifts staff like to work, and then staff provide cover for each other". Staff and people who use the service told us if staff went off sick they did not have enough staff to meet people's needs. The registered manager told us additional agency staff could be arranged if a person required more assistance although we did not see evidence that this had happened.

Is the service safe?

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not supported by the arrangements in place for managing risk and therefore were not protected from avoidable harm. We saw there had been a high number of falls including unwitnessed incidents where the person was found on the floor in the last six months. The manager had enrolled in a pilot to reduce the number of falls but this was not being managed effectively. For example, one person was at a high risk of falls and had fallen on average once a week. A number of risk assessments were in place to alert staff of the risk of the person falling but there was no guidance informing staff how they should manage the risk. The manager had also taken action to try and improve staff's observation of this person to keep them safe, however staff had not undertaken the necessary observations and checks on the day of our visit. Records for this person also stated that they needed to have a sensor under their chair cushion to alert staff when they were standing up and may be at risk of falling. This sensor was not in place on the day of our inspection and when we asked a member of staff about this they told us the person used to have the sensor but they were not sure where it was now. Therefore the person was placed at risk of falling and sustaining an injury.

We informed the registered manager and provider of this. Following our visit we were provided with evidence that the sensor cushion for this person and all others that required them were in place and these were regularly checked.

We saw a second person was at high risk of falling and had fallen several times in the months prior to our inspection. However again there was not a care plan in place giving staff guidance on how to manage the risk and prevent further falls.

We saw that risk assessments in relation to falls and pressure ulcers had previously been re-assessed monthly but that these assessments had not been completed since August 2015. Although the actual care plan was being evaluated, the risk was not being re-assessed as a part of this evaluation and so if the risk had increased, this would not be recognised.

People were at risk of being administered medicines that were no longer effective as medicines were not stored safely. We saw that bottles of medicines external creams and ointments were not being dated on opening and one

of the creams we saw opened and in use had been dispensed in June 2014. Because the medicines and external creams and ointments had not been dated on opening there was a risk that it had been open for some time and had exceeded the shelf life and would no longer be effective.

People received their medicines as prescribed. We observed people being given their medicines and staff followed safe practice. Records and systems we looked at showed people were being given their prescribed medicines when they should.

During our visit we had concerns about the cleanliness of some areas of the service including bedrooms and communal areas. Three chairs that we sat on had an overpowering smell of urine and we saw there was a chair in the main lounge which was in a poor state of repair and would be difficult for staff to keep clean. Pressure ulcer prevention cushions were sticky with body fluids and drinks and two chairs had dried body fluids and faeces on the arm rests.

We found that some bedrooms had a strong smell of urine and that in the main lounge there was a lot of food debris and dust on the floor. This was cleaned at lunchtime when people were eating their meals resulting in dust and debris being swept up whilst people ate. The offensive odours, dirty chairs and food debris in the main lounge did not create a pleasant homely atmosphere for people to sit and eat their meals.

We also found the medicines room was cluttered and the carpet was very dirty and stained which could increase the risk and spread of infection.

We did not see evidence that any infection control audits had been carried out for the service or that staff had received recent infection prevention and control training. This was confirmed by the registered manager and staff we spoke with.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they took immediate steps to address these concerns including; daily check lists and further guidance for cleaning staff, identifying infection control training providers and carrying out manager's checks of the premises. This was confirmed by a member of staff we spoke with following our visit.

Is the service safe?

We informed the registered manager and provider of our concerns regarding the medicines room and labelling of bottles. Following our visit we were provided with evidence that steps had been taken to address these concerns.

People who use the service told us they felt safe at The Rookery and were happy with the care they received. One person using the service told us, "I feel safe here; I've never seen anything of concern. The staff are reassuring and helpful." We spoke with a relation of one person who told us they felt their relation was safe and their relation was happy at the home.

People were kept safe by staff who could recognise the signs of potential abuse and they knew what to do if they suspected abuse was happening. Although not all staff had received training in safeguarding people from abuse, staff we spoke with knew the signs to look out for that a person was being abused and knew how to report it to the manager, the owner and the local authority.

The registered manager could explain signs and types of abuse and was aware of their role in raising a concern. We saw evidence of safeguarding referrals created by the service which had been investigated by the local authority.

Is the service effective?

Our findings

People were supported by staff who had not been given the training they needed to ensure they were following safe practice. We asked people if they felt staff were skilled and had enough training to meet people's needs, one person told us that they did not have full confidence in staff "Staff seem ok, I wonder if they'd struggle if they had to do something else (additional tasks)"

A central record of training completed by staff was not available which meant the service was not aware of what training had been completed by staff and when any training they identified as mandatory had been completed or required an update. We did not see evidence of recent training for staff at the service. This was confirmed by the registered manager who told us all training was out of date and needed renewing. A staff member told us they had discussed training needs in their regular supervision meeting with the registered manager and these had been agreed. We saw records that confirmed this. Following our visit we were told additional training for all staff was planned.

During our inspection we observed staff delivering care and using a variety of aids and equipment including hoisting people. Staff appeared competent in the use of equipment and care was delivered safely. However we did have concerns in respect of some staff's practice in regard to dignity, infection control and managing people's continence needs.

People were not fully protected from the risk of developing pressure ulcers. During our inspection we observed one person, whose position was not changed for the entire duration of our inspection, including during meal times. This was contrary to the instruction of their care plan which stated they should change position every one to two hours, to reduce the risk of developing a pressure ulcer. Additionally, although we saw that where people were at risk of developing a pressure ulcer there was guidance in place informing staff how to monitor this and prevent people from developing a pressure ulcer, this was not being regularly re-assessed. For example one care plan we looked at stated the risk assessment should be reviewed monthly however the record showed it had not been reviewed in the preceding three months. Although the person had not

developed a pressure ulcer in this time, the lack of review could increase the risk of unsafe care being carried out and any changes in the person's condition not being recognised and acted upon promptly.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a visiting nurse and they told us they felt staff were responsive to the risks around people developing a pressure ulcer and they contacted the nurse quickly if there were any concerns. They told us staff acted on their instruction when treating pressure ulcers and felt the care in general was very good.

We found that where people lacked capacity to make a decision for themselves a Mental Capacity Act (MCA) had been carried out to ensure decisions taken were in the person's best interest. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. The registered manager and staff we spoke with demonstrated a good understanding of MCA and Deprivation of Liberty Safeguards (DoLS). We saw that where required DoLS applications had been made to the local authority. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We observed staff ensuring people were involved in daily tasks and having an input into their by explaining processes such as hoisting or offering choice at meal times.

People told us they enjoyed the food offered at The Rookery and said they were given choices of meal options, although one person told us, "The food is good, some days they give you choices, but not every day. If it's not something you like they'll get you something else".

We saw people were supported to have sufficient to eat, drink and maintain a balanced diet and observed people who needed assistance to eat their meal were supported by staff. One person did not eat their meal and staff asked them if they would like it to be saved for later and the person agreed to this. We looked at this person's care records and we saw staff had recognised their appetite was poor and had sought guidance from a nutritionist and were following their guidance. This had resulted in a person gaining a small amount of weight recently.

Is the service effective?

Another person had lost some weight and a referral had quickly been made to the dietician to get guidance and support. Staff had followed the dietician's guidance and this had been effective in supporting the person to gain some weight.

One person was on a special diet and we saw they were provided with this on the day of our visit. We spoke with the cook and care staff and they had a good understanding of people's needs around their nutrition.

Nutritional assessments were carried out on people on a monthly basis and where a risk was identified the person's weight was regularly monitored and records kept of people's food intake.

People were supported to attend healthcare appointments and access health care when their needs changed. On the day of our visit one person was supported to attend the dentist. We saw this was a part of ongoing treatment the person needed and staff were working to support the person with shorter visits to the dentist as having the treatment all at once would have a negative impact on the person.

Staff made referrals to appropriate external health professionals when people needed extra support or their health needs changed, for example the falls prevention team and the speech and language team. We spoke with a visiting District Nurse and they told us they felt they had a good relationship with staff and that staff worked with them to meet the needs of people.

Is the service caring?

Our findings

Although we found staff had a good knowledge of how they should respect people's privacy and dignity we found that this was not always put into practice. For example, one person's care records gave staff guidance to support them with a shave and personal care each day. On the day of our visit we saw the person had not been supported with this for sufficient enough time for them to have beard growth. We also saw staff did not provide them with protective clothing when they were eating and another person was wearing clothing which was stained with food. Staff did not attempt to help the person to change their clothing and therefore their dignity was compromised.

We observed two occasions where staff spoke about people's personal needs in communal areas in front of other people who used the service, staff and our inspectors. We found this did not protect people's confidentiality or ensure they were treated with respect. We informed the registered manager and provider of the service of this during the visit and they offered assurances action would be taken to prevent this happening in future.

People who use the service, their relatives and visitors told us they were happy with the care they received at The Rookery and that staff were kind and treated them with respect. One person said, "The staff are lovely; they'd do anything to help you. You've only got to ask and it's done". A visitor told us, "They (staff) are very kind and welcoming". We spoke with a visiting District Nurse and they told us they felt staff were kind to people.

We saw that staff responded kindly to people and displayed care and compassion when offering support. The registered manager told us that they felt providing very good quality care and having a caring staff team were what the service was best at.

The Registered Manager told us a number of staff were trained as dignity champions and had offered guidance to other staff on how to protect confidentiality and treat people with dignity and respect. When staff were able to spend time with people, for example at meal times we

observed very good examples of support and interaction. Staff clearly knew people well and were able to use this to give people the support they needed when sufficient staff were available. For example one person was being supported to eat their meal and said they didn't want to eat any more. The staff member supporting them distracted them by talking about the person's family and their likes and dislikes. This resulted in the person continuing to eat and with kindness and patience from the member of staff, finished their meal. This person was at risk nutritionally and so this interaction would have a positive impact on their wellbeing.

We saw a further person who was resistant to receiving some support and the staff member was kind and patient with the person and took a long time to explain the benefits of the support being offered. The person, after time spent explaining, was happy to go with the member of staff to receive the support they needed.

We observed people being given choices of food and drinks. The cook spent time asking people what they would like for their next meal and during lunch we saw people were given the meal of their choice.

People told us they had a choice of when to get up and when to go to bed. One person told us, "You can go to bed when you like, get up when you like. When I first got here they (staff) said, 'we want you to treat this like it is your home.'" We saw that one person had chosen to get up after 10am, when they arrived in the communal area their breakfast did not look appetising. A member of staff noticed this and offered to prepare a fresh meal straight away. We saw that the person appreciated this and ate the fresh meal with apparent enjoyment.

In the care plans we looked at we saw that an annual review of people's care had been carried out and this had involved the person and/or their relative to ensure involvement in how the person was supported. We saw there was also information in the care plans detailing how people's preferred to spend their time and how staff should support them to be involved in making decisions about their care and support.

Is the service responsive?

Our findings

We saw people were not always given care and support in response to their needs. We observed occasions in the communal areas where people were left for periods of up to an hour without any presence from staff. We saw that in the afternoon two people had clearly been incontinent in the main lounge and this was not acted on by staff, who were busy and only went into the lounge to collect people to take them for personal care.

One of these people was left in soiled clothing for over two hours and we saw this had the impact of making them unsettled. We informed the registered manager and provider of this during our visit. They offered assurances that steps would be taken to address this; however we did not see staff assist either of these people. We saw a staff member encourage one person to sit and have their evening meal despite them appearing obviously uncomfortable.

On the day of our visit people were not offered any activities and staff did not have the time to spend with people. We observed people sat watching television and not engaging with other people or their surroundings. A lack of activities had also been highlighted in a recent staff survey and relative feedback. Although activities were planned and materials available a review of the activities record for the month preceding our visit listed the only activities as being, 'TV', 'Sleeping' and 'Puzzle books.'

We found that meaningful activities that people enjoyed were offered but not always available due to limited staff availability. For example, one person told us they enjoyed reading and crochet and showed us items they had made and other items they were making. A second person said they enjoyed helping with cleaning and tidying. Staff had provided this person with a bowl of water and some dishes and asked them to help wash up. The record showed the person enjoyed this activity and felt involved and useful. However staff told us they did not always have time to spend engaging with people stating they felt people's quality of life would be improved if more staff were available to support them in meaningful activities.

We saw there were care plans in place detailing how to support people with needs such as pressure ulcer management and continence care. These gave guidance to staff on how to manage these and ensure staff knew how to meet the needs of people. However, care plans were not always updated with the current needs of people. We saw care plans had a document called 'my support plan at a glance' and this document was designed to give staff an overview of people's current needs. One person was on a special diet due to the risk of choking and this was not detailed in the overview. The staff we spoke with knew about the special diet and on the day of our visit this diet was provided. However there was a risk that a new member of staff may read the overview and not know about the special diet and may give the person food which would increase the risk of them choking.

We saw another person who was at risk of developing a pressure ulcer and their care plan informed staff they should reposition the person every two hours through the day to prevent the formation of a pressure ulcer. We observed this person was not repositioned for a period of five hours and throughout this time they sat in their chair in a withdrawn state with very little interaction from staff, unless they were being supported with a meal.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt able to speak to staff or the manager if they had concerns and were happy these were dealt with well. One person told us they had complained about clothing going missing and that this was looked at straight away. As a result of their complaint changes were made to how clothing was labelled for the laundry.

Although the complaints procedure was not well publicised, the registered manager told us the policy was being updated and a copy would be available in each person room when completed. The service had received only one complaint in the preceding 12 months. We found that this was investigated thoroughly and appropriate action taken. We saw that the complainant was kept informed throughout the process and the issue was resolved to their satisfaction.

Is the service well-led?

Our findings

People were not supported to live in a service where quality assurance and governance systems were used in an effective way to drive improvement because systems to assess the quality of the service being received were in place but not being used. During our inspection we found numerous concerns in respect of risk management, medicines and the environment. The provider had not been aware of these as they didn't have systems in place to monitor these areas and so issues of concern had not been found.

On the day of our visit we observed the conservatory dining room was very cold, although all of the heating was functional it was not effective in warming the room and staff were not aware of how to change the settings. We spoke with staff and they told us that people did not eat in the dining room in the winter due to the cold. This meant that people were eating where they sat in the lounge areas during the winter months. This restricted people of having the opportunity to eat in a more suitable setting and to have that social interaction with other people. The provider had recognised this as an issue but had not yet made any improvements to address this. Following our visit the provider informed us staff had received additional training on the use of the heating system which had proved effective. It is of concern that this was not addressed by the provider prior to our visit.

We saw that audits were not being carried out to assess if medicines were being managed safely which meant issues we found had not been identified by the manager. We also found that audits to assess the environment or infection control were not being carried out, exposing people who use the service and staff to increase risk of harm from accident and spread of infection.

Surveys of residents their relatives and staffs experience of the service had been compiled by the service. We found that these had a good response rate. The majority of responses were positive with people valuing the friendliness and caring attitude of staff. However we did not

see any evidence of analysis of the findings or action plans developed to address concerns raised. For example four staff and two relatives said the service did not have enough staff, two relatives also commented that the service smelt unclean and that their relative would like to be able to use the conservatory dining room area. These issues were still of concern when we inspected and so this showed the provider was not making improvements based on people's views of the service.

We saw that people's daily care records were left in the main lounge and care plans were left on the office desk with the door open throughout our inspection. This meant that people's confidential information was not always stored securely and could be read or removed by any visitor or person using the service.

We found that records for essential maintenance and safety checks were up to date and that checks of fire safety equipment were carried out, including a regular fire evacuation drill. However we noted that the record of the drill did not include any notes of learning or improvement. We identified concerns regarding means of escape from the building and referred our concerns to the Fire Safety Officer who visited and offered advice to ensure they were safe.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had the opportunity to attend meetings in the service. There had only been one meeting in the last few months and the minutes of the meeting did not give any detail about what had been discussed and so we were unable to ascertain if staff had been supported to give their views on the quality of the service. However, staff we spoke with told us they found the registered manager friendly and approachable and had confidence they could raise an issue with them and it would be dealt with appropriately.

Following our feedback at the end of our visit, the registered manager took immediate action to address the leadership concerns we identified, including daily checks of cleanliness and environment, a review and update of risk assessments and a review of care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The systems in place to assess, monitor and improve the quality and safety of the service were not effective. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.

Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the requirements of people who used the service. Regulation 18 (1).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Fit and Proper Persons Employed

Recruitment procedures were established but were operated effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.

Regulation 19 (2) (a).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p> <p>Care was not provided in a safe way for service users. Care plans and risk assessments were not updated. Infection control measures, effective medicines management and robust recruitment procedures were not in place.</p> <p>REG 12 (1) (2) (a) (b) (c) (d) (g) (h)</p>

The enforcement action we took:

We have issued the provider and registered manager with a Warning Notice instructing them to address the concerns identified and breach of regulation.