

# Juniper Manton Limited

# Castlerea House

## Inspection report

18 Hope Street  
Higher Broughton  
Salford  
Greater Manchester  
M7 2ES

Tel: 01612780181

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection was carried out by two adult social care inspectors on 21 December 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting.

Castlerea House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Castlerea House provides accommodation in a single building for up to 10 adults who have a mental health need. At the time of the inspection 10 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 previously inspected Castlerea House on 6 November 2015 when it was rated as 'good'.

At this inspection we found a number of issues, including those regarding the physical environment, medication, care planning, risk assessment, staff training, quality assurance and governance. Following this inspection the overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by the Care Quality Commission.

The provider had safeguarding procedures and staff were aware of the procedures. Staff had received training and people were protected from abuse. Not all potential risks to people's health had been identified and assessed and risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing. There was no specific risk assessment or management plan for smoking evident in one file. Staff were aware of the risks from smoking for this person during the day however, there was no clear risk management plan for overnight. We found no personal emergency evacuation plans (PEEPs) in the care plans we looked at.

People did not always receive the medicines they needed as prescribed. People's decision to decline medication had been respected and recorded in care plans but had not been recorded on the medication records. Staff did not always sign when medication was taken by people who used the service. We found medicines were not always recorded on receipt and carried over amounts not always documented. The operations manager told us there were, "No written medication audits." The last external audit by a pharmacy was in September 2014. We found no temperature recording for the storage of medication.

We found some areas of the service were not kept clean for infection prevention. We found some areas had floor coverings that were black with engrained dirt. A bathroom had a bath with the panel removed, leaving exposed pipework and space collecting dust and debris. This meant the staff were not able to effectively

clean the room as it was not well maintained. One person had discarded soiled clothing which was on the stairs when we arrived for the inspection and remained in a pile in the corridor when we had completed the inspection. We also found two treads on a staircase to the office had excessive movement, increasing the risk of a trip or fall.

Although we found staff would gain people's consent before they provided any care or support to them, staff did not always understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also found staff had not always received the training and support they needed to care for people using the service.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People were treated with kindness and supported by caring and respectful staff who knew them well. Their privacy and dignity was upheld and they were supported to maintain their independence. People had opportunities to take part in a variety of activities and these were available on an individual and group basis to help meet people's social needs. The meals provided were well presented, nutritious, appetising and respectful of people's wishes, needs and preferences.

The provider assessed people's care and support needs and developed person-centred, detailed plans of care for staff to follow however we found these were not always regularly reviewed to ensure they remained up to date. People said they knew how to complain and would be comfortable doing so. However, information on how to complain was not on display in the home, and the procedure did not contain all the necessary information.

There was an open and transparent culture within the service and staff told us that they felt supported by the registered manager and they would deal with any concerns they may have. There were inadequate arrangements in place to effectively monitor the quality of the service and ensure that the service was operating safely. Although there were some audits and checks in place these did not cover all aspects of the service and they were not completed at regular intervals to effectively identify and address shortfalls or areas for improvement. The audits and checks in place were not completed with regularity nor were they effective in identifying areas for improvement.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in an appropriate and timely manner and in line with guidance.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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.

Risks were not identified for all areas of risk. Risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing.

There was sufficient staff on duty to ensure people received the care they needed.

Suitable procedures were not fully in place in regard to the storage, administration and recording of medication..

Staff knew how to report any suspicion of abuse and were aware of the whistle blowing policy.

People were not cared for in a clean, hygienic or well maintained environment.

### Is the service effective?

**Requires Improvement** ●

Staff had not all received the essential and specific training and updates they needed.

People received medical assistance from healthcare professionals when they needed it.

Staff knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] was variable.

People had a choice of nutritious food and drink.

### Is the service caring?

**Good** ●

The service remains good.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care records were not always up to date or robustly reviewed.

People who used the service had access to activities or supported to access to pursuits that interested them.

There was a complaints policy and process in place, but it was not displayed and did not contain all relevant and up to date information.

**Is the service well-led?**

**Inadequate** 

The service was not consistently well led.

The service did not have an effective system of audit and quality assurance. This meant that people were at risk of receiving a service which was of unsatisfactory quality. They had not identified the concerns and breaches of regulations that were identified at this inspection.

Care staff we spoke with told us morale was good. They felt they were supported and communicated with. Staff were aware of the whistleblowing procedures.

# Castlerea House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 21 December 2017<sup>8</sup> and was unannounced. The inspection team consisted of two adult social care inspectors.

The inspection was prompted by information of concern we received from the local authority regarding infection control and cleanliness. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bathrooms and communal areas.

We spoke with the operations manager and a member of care staff. We also spoke with three people who used the service. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care records. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we found issues regarding: the physical environment; assessment of risk; and medication. These had a potential impact on the safety and wellbeing of people. We have judged that the rating is now 'inadequate'.

People said they felt safe living at the service. One person said, "I do feel safe here, it is much better than when I lived on my own, I was always getting broken into, I have no worries here." Another person said, "I feel safe here, I have been here over 20 years and staff look after us and keep it safe."

Staff were aware of different types of abuse and had completed training in safeguarding. Staff we spoke with said they would not hesitate to report any concerns and felt confident their concerns would be listened to and acted on promptly. Staff told us, "I would report abusive behaviour, I would report people, I would contact and tell the manager, or outside to social services if needed." One person who lived at Castlereae House said, "If I had any problems I could tell the staff and they will help me."

We looked at risk assessments for people who lived at Castlereae House. Some of the information was unclear because the home was recording in more than one format. New paperwork had been started but was not complete. Existing risk assessments we looked at had not been reviewed since 2015 and as these were not up to date, risks to people were not being effectively managed.

In one person's file the information was incorrect. The risk assessment stated the person was able to independently manage the risks associated with smoking. The operations manager advised this was not the case but was not able to account for the conflicting information. There was no specific risk assessment or management plan for smoking evident in this file. The staff were aware of the risks from smoking for this person and monitored this throughout the day. However, there was no clear risk management plan for overnight. This meant that there were unmanaged risks relating to fire for the whole service and in relation to injury to the individual. Whilst the home had a current fire inspection certificate from the local fire authority and appropriately positioned signs for fire evacuation and staff training, we found no personal emergency evacuation plans (PEEPs) in the care plans we looked at. PEEPs are assessments which help to inform staff how to support people to leave the premises during an emergency. This meant people were not fully protected from the risks of fire.

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

Decoration throughout most communal areas required attention. One member of staff said, "I think the house needs painting." During our inspection we looked around the service. We found some areas were not kept clean for infection prevention for example, we found some areas had floor coverings that were black with engrained dirt. One bathroom had a bath with the panel removed, leaving exposed pipework and space collecting dust and debris. This meant the staff were not able to effectively clean the room as it was not well maintained. Examples of other areas not maintained included, rusting toilet roll holder, toilet bases,



tile grouting and seals in some bath and shower rooms were engrained with dirt and not able to be maintained in a clean condition. One person had discarded soiled clothing which was on the stairs when we arrived for the inspection and remained in a pile in the corridor when we had completed the inspection. We also found two treads on a staircase to the office had excessive movement. This meant there was a risk of injury to anyone using the stairs if they were not repaired.

We found records which showed the last 'Maintaining the building' audit on file which included cleanliness had last been completed in August 2017. Following the inspection the registered provider sent us information detailing the maintenance schedule 2011-2016 which identified the hall, stairs and landing had been re-painted in 2012. Another maintenance schedule covering 2017-2019 identified that the hall, stairs and landing carpets were in need of urgent replacement. This was identified as being required by 2018.

This was a breach of Regulation 15 of the Health and Social Care Act 2008, (Regulated Activities 2014).

We observed that staffing levels were appropriate, although there was no evidence of a dependency tool to assess the on-going staffing requirements. At the time of the inspection, the operations manager worked with other staff members to provide direct support to people who used the service as well as performing management functions in the absence of the registered manager. Although the staffing rota identified the registered manager or operations manager as 'In' and included within the staffing numbers it did not specify the times they were working.

We checked recruitment records to ensure the provider was following safe practice. The provider carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We looked at the systems in place for managing medicines in the home including the storage, handling and stock of medicines and medication administration records (MARs). We found the medication storage room had a minimum maximum thermometer to determine if the storage room maintained the correct temperatures for medicines storage. However temperatures were not recorded. On the day of our inspection the temperature showed 26 degrees. Some medicines kept showed they should not be stored above 25 degrees.

People did not always receive their medication safely. We found one person was in receipt of medicine, in patch form, for sickness and nausea. The person's Medicines Administration Record (MAR) identified that the patches should be changed every 72 hours. The MAR showed that the patches were administered on the 04 and 10 December. The person's care plan recorded they had at times declined medication and this had been respected and recorded but had not been recorded on the MAR. We also found staff did not always sign when medication was taken by people who used the service and we found a number of missed signatures.

We found medicines were not always recorded on receipt and carried over amounts were not consistently documented on MARs. It was therefore difficult to determine if these had been given as prescribed and not signed for, or not given. One person was in receipt of medication for pain relief. We noted, from the medication dispensed, that 15 tablets had been administered without a MAR to record the medication as given. The operations manager told us there were, "No written medication audits." The last external audit by

a pharmacy was in September 2014. Medication audits are a tool whereby providers can assure themselves that medication is appropriately managed, stored and administered. A lack of audits increases the risk to people who use the service through medication errors such as those identified at the inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008, Regulated Activities 2014.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with were not clear about the MCA 2005 or Deprivation of Liberty Safeguards. Following the inspection the registered provider sent us information confirming training on the Mental Capacity Act 2005 had taken place on 17 October 2012. However there was no information on course content, who delivered the training and if they were qualified to do so. There was also no evidence of refresher training to reflect changes in the application of DoLS following rulings in case law. We found not all staff files held confirmation that they had received training in MCA.

The home ensured people were consenting to their care and support. Care plans we saw identified that all but one person had capacity to consent to their care and treatment. We saw a consent section in the care plans which included; consent to share information, to have photographs taken for identification or of any injuries and to have reviews and be involved with them. In another person's care plan we saw they had declined some medical screening and had signed to confirm this.

People told us they enjoyed the food. Comments included, "The food is good and always very nice." "I like all the meals I am given." Staff were aware of the specific dietary needs of people, for example, kosher food was available and the staff preparing the meals were aware of preparing kosher foods. Staff were also aware of people's likes, dislikes and allergies. We saw that not all cooked food was checked with a probe thermometer during and after cooking to ensure the temperatures remained within the recommended ranges. The operations manager told us this was a recording omission rather than the temperature not being taken. The service had been visited by the environmental health officer in November 2017, and had received a rating of 5 out of 5 for the kitchen arrangements. There was suitable storage for packaged, fresh, chilled and frozen food, and temperatures for all fridges and freezers were checked daily.

Staff training records were mixed and did not consistently evidence that staff had received regular training relevant to their roles. For example, one file showed the person had not received training for; challenging behaviour, mental health, risk management, care planning or medication since 2014. Another staff member

had not received training in MCA and was not identified as being present at the team meeting when training occurred. Other staff files showed training had been completed in topics such as, moving and handling, first aid, safeguarding, fire and health and safety.

The above is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they felt supported in their roles by colleagues and senior staff. For example, staff said they could go to a manager if they needed assistance with a problem. Communication between staff and the management was described as good with everyone being up to date, often via the telephone if staff were not on duty together. We saw records of staff supervision and appraisal. Although supervision was not at regular intervals it was valued by the staff we spoke with. Listening to staff we were confident they were kept informed on a day to day basis, however we had noted that formal, regular training was lacking. This indicated that management support had failed to identify this through any training matrix or address it through formal supervision.

People told us they could see a GP if requested. We were also told that other medical practitioners such as dentists or opticians were accessible. Health professionals' visits and appointments were recorded and it was clear to see when someone had last had an eye test, podiatry appointment or medication review.

# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

We saw staff interacted respectfully and were kind towards people. There was a calm and unhurried atmosphere. We spoke with two service users and observed interactions with three others. People told us that the staff were kind and caring towards them. One person said, "I'm taken good care of. I'm well looked after." There was a calm and unhurried atmosphere.

People living at the home told us they were happy and thought the staff were caring and kind. One person said, "I love living here, the staff are nice, they are very pleasant." Another person said, "They are kind here I have no worries I am very happy, I have been here over 20 years."

We saw many examples of staff understanding people's individual needs and attending to them with a caring attitude. People were treated with dignity and respect and staff clearly knew people well. Some staff had worked at Castlerea House for many years so knew people very well. We saw staff chatting and having a joke with people.

There were policies and procedures in place to ensure staff were aware of how to support people equally taking into account their ethnicity, diversity, culture, religion, gender and any disabilities. Staff talked about people's rights to make decisions and the importance of ensuring people were treated as they would like to be treated themselves.

Staff had a good understanding of people's support needs, their preferences and backgrounds and were able to tell us about these in detail. We saw staff were supporting people to maintain contact with their families.

The home had a 'Charter of residents rights' which set out how each person at Castlerea House could expect certain standards, including; appropriate quality care, to be treated with dignity and respect, to live without exploitation, abuse, neglect and discrimination, privacy, to continue cultural and religious practices and to maintain personal independence.

We saw the home promoted independence and encouraged people to do things for themselves. One person we spoke with said, "They [staff] encourage me, I do my own room and laundry. They used to do it for me but socks went missing so I do it myself now."

People told us staff involved them in decisions about their support. People's care plans reflected their preferred name and how they would like to be referred to. Care plans encouraged people to be independent and highlighted the importance of choice.

Equality and diversity was understood and people's strengths and abilities valued. People had a variety of

different backgrounds, experiences and needs. Staff worked with people in a non-judgemental manner and were respectful of their differences and lifestyle choices. For example, some people attended the local synagogue and some people were visited by members of the synagogue. We saw one person had been supported to arrange a Jewish funeral plan.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. Another person asked that the inspectors did not enter their bedroom as they would prefer to maintain their privacy; this showed that people living in the home felt comfortable about expressing their wishes regarding privacy. To help people feel at home people told us their bedrooms had been personalised with their own belongings. People said they found their bedrooms warm and comfortable.

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as good'. At this inspection we have judged that the rating is 'requires improvement.'

We looked in detail at three people's care plans. Two of them included a one page 'Resident Introduction' identifying what was important to the person about their care and support and how they preferred to be approached. This was an accurate reflection of each person.

The assessments and care plans were comprehensive and person centred. There was evidence people had been involved in their care plans and their preferences had been considered to inform staff how to approach and respond to them. All three people had signed their care plans. Individual's interests and social needs were identified as well as areas such as personal history, maintaining relationships and individual preferences. However, care plan reviews were not updated in the files regularly. One person had not had a review since 2014 and another had not had a review since 2015. We did not see these outdated reviews have an immediate impact or a risk to people. It did, however mean these may not be fully consistent with people's current needs

The operations manager produced paperwork they had recently started using to provide an up to date pen picture of the person and their current needs. This was called a, 'Care plan summary.' These covered a three month period and each section of the care plan was considered although these had not yet been implemented for everyone and as such their effectiveness was unclear.

We also saw a 'Staff update' sheet in a file that identified any changes in people's needs with a space for staff to sign when they had read this and a reminder for staff who still needed to sign. One of the updates included advising staff about accurate measuring of medication using a syringe.

People we spoke with said they were able to get out and do the things they wanted. One person said, "I go out on the tram and then I walk back, I can come and go as I please, I mainly watch television." Another person said, "I can do my own thing, we had a Christmas party on Sunday." One person told us, "[staff] are helping me get in touch with my brother. I would really like that." We saw how people needing support to go out had regular opportunities to do this, one person liked to go shopping and was supported to do this every week.

People knew how to complain if they needed to. One person told us, "I've never had any issues or complaints" and another person said, "If I'm not happy, I would speak to a member of staff." The provider had a complaints policy which was available in the office and staff were aware of. The complaints policy did not have timescales for any resolution and did not direct complainants to the correct resource if they were seeking external remedy to their complaint. The complaints procedure was discussed in residents' meetings. In addition, each year within satisfaction surveys complaints was an area covered. There were no recent complaints made or recorded.

Following the inspection the operations manager informed us that the complaints procedure would be updated and displayed.



## Is the service well-led?

### Our findings

At this inspection we found issues regarding the physical environment, assessment of risk and medication which had not been identified through any quality assurance system. Therefore there was a potential impact on the safety and wellbeing of people. We have judged that the rating is now 'inadequate.'

There was a registered manager in post who was supported by an operations manager who had been in post for approximately six years. At the time of inspection the registered manager was not available during our inspection.

There were inadequate arrangements in place to effectively monitor the quality of the service and ensure that the service was operating safely. Although there were some audits and checks in place these did not cover all aspects of the service and were not completed at regular intervals to effectively identify and address shortfalls or areas for improvement. For example, the operations manager told us there were no written medication audits and as such it was not possible to evidence if any issues, such as the ones we highlighted, had been recognised or addressed. We found no personal emergency evacuation plans (PEEPs) in the care plans we looked at and conflicting information about the risks posed through smoking. Some aspects of the home were in urgent need of attention. We found some areas had floor coverings that were black with engrained dirt. One bathroom had a bath with the panel removed, leaving exposed pipework and space collecting dust and debris. This meant the staff were not able to effectively clean the room as it was not well maintained. Examples of other areas not maintained included, rusting toilet roll holder, toilet bases, tile grouting and seals in some bath and shower rooms were engrained with dirt and not able to be maintained in a clean condition.

Staff we spoke with were not clear about the MCA 2005 or Deprivation of Liberty Safeguards. Staff training records were mixed and did not consistently evidence that staff had received regular training relevant to their roles and staff did not receive regular supervision.

The provider had a complaints procedure however it was not displayed in the home nor did it contain the correct route for external remedy.

The documentation of care records was found to be of a variable standard. Care plan reviews were not updated in the files regularly. One person had not had a review since 2014 and another had not had a review since 2015.

Deployment of staff for 44 hour shifts, part of which included 'sleep in' shifts as part of their regular working pattern was not good practice. The operations manager told us this was what staff wanted even though the registered manager and operations manager did not agree. Similarly, they had considered having waking nights following a change in employment law resulting in hourly rate payments for sleep in staff. The operations manager said the decision not to, was based on what the staff wanted to do and not what might be needed by the service. This indicated that management within the home did not always exhibit good leadership.

Based upon these findings we have concerns about how the service is managed. The home's operations manager told us they were responsible for all aspects of care, and during the absence of the registered manager, assumed overall running of the service. However, they did not fully recognise their responsibilities. The operations manager was failing to undertake an effective quality assurance system, meaning that they did not have an oversight of the home and where improvements needed to be made. The operations manager told us, "People come in [infection control and CQC] they say what's wrong but no one is telling me what to do." They asked which things they should prioritise such as cleaning or record keeping and that they were waiting for someone to tell them. This indicated that they did not have sufficient understanding of how a care home should be managed.

These issues are a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us they knew the registered manager and operations manager and felt comfortable to approach them at any time. Many people popped their head around the office door to ask a question or have a chat. When the operations manager walked around the home, people chatted with them and it was clear people knew them well.

Staff we spoke with told us the culture of the service was open and positive. They enjoyed their role and wanted to be at work and providing good quality care. We could see from the level of interaction with people that this was the case. One staff member told us, "I have worked here for a long time, I'm very happy."

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the home's whistleblowing policy. Whistleblowing means the reporting by employees of suspected misconduct, illegal acts or failure to act within the service. The aim of the policy is to encourage employees and others who have serious concerns about any aspect of the provider's work to come forward and voice those concerns. Staff felt confident to use this policy. Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. Following the inspection the registered manager sent us the minutes of previous staff meetings. Staff told us they felt supported, valued and listened to by the management team.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The rating was on display in the home.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Maintenance had not kept pace with the rate of wear. The provider had not ensured the premises were effectively cleaned and maintained.</p> <p>Regulation 15 (1)(a)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive appropriate and timely training in order for them to carry out their duties effectively.</p> <p>Regulation 18 (2)(a)</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not identified for all areas. Risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing.</p> <p>Suitable procedures were not fully in place in regard to the storage, administration and recording of medication.</p> <p>People were not cared for in a clean, hygienic or well maintained environment.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have an effective system of audit and quality assurance. This meant that people were at risk of receiving a service which was of unsatisfactory quality.</p>

### The enforcement action we took:

Warning notice