Roseberry Care Centres GB Limited

Harriets

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 5th and 6th of January 2016. The inspection was undertaken by an adult social care inspector and an expert by experience. This was the first inspection of the location since the company re-registered with a change of name.
The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:
• Ensure that providers found to be providing inadequate care significantly improve
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
• Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.
Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.
The service will 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 we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.
Harriets is a 41 bedded care home situated in the centre of Distington, a village near to Whitehaven. The home is within walking distance of all the amenities of the village. The accommodation is all on the ground floor. The home has a dementia care unit. Accommodation is in single rooms with ensuite toilet facilities. There are suitable shared areas in the home. Outside there are small patio areas where people can sit out. Parking is in the public car park near to the home.
The home had a registered manager. 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.
Staff in the home were aware of their responsibilities in protecting vulnerable people from harm and abuse. Staff told us that they could report any concerns to management. There had been a number of falls in the home which may have been related to the staffing levels. Some risk management plans did not lessen this and other risk so that people were always kept safe.This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risk was not being managed effectively to keep people safe. You can see what action we told the provider to take at the back of the full version of the report.
Staffing in the home did not keep people as safe as possible. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not enough staff on duty to ensure people were safe and well cared for at all times. You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment was being managed appropriately and disciplinary procedures were in place.
Medicines management was adequate and the manager was completing on-going audits of this.
Infection control had been improved and staff were aware of their responsibilities.
Staff had received training with more planned for 2016. All staff had received recent formal supervision with more regular supervision planned.
We recommended that both formal and informal supervision be progressed to ensure staff development was in place.
We also had some evidence to show that communication both internally and with professionals was improving and we made a recommendation that this is progressed.
The staff team understood their responsibilities under the Mental Capacity Act 2005 and took steps when they considered that they were depriving anyone of their liberty. No one in the service was subject to restraint and consent was gained wherever possible before any interventions were in place.
Nutritional planning was in place and staff understood people's needs quite well but this planning needed to be developed a little more with some individuals.
We recommended that nutritional planning be developed further and that more details were recorded in food and fluid charts.
The home was clean but not as tidy and well cared for as it could have been. There was a malodour in the building because there was a problem with plumbing or drainage. One unoccupied wing had no heating. Some bathrooms and toilets needed to be upgraded. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the environment was not being maintained appropriately. You can see what action we told the provider to take at the back of the full version of the report.
We saw staff treating people with kindness and respect. Most of the staff supported people's dignity and privacy. We had some evidence that not all staff treated people appropriately. The registered manager was aware of this and was taking steps to deal with it. We recommended that staff were encouraged to reflect and amend their practice.
We looked at a range of assessments and care plans. We saw that everyone in the service had an up to date care plan and some plans were suitably detailed. Some plans needed a little more detail and plans were not written in a person centred way.We recommended that some more detail be added to some plans and that a more person centred approach be taken when writing plans.
The home provided a range of activities and local groups visited the service. Spiritual needs were met through regular church services.
Complaints were suitably managed in the service.
The home had a suitably qualified and experienced registered manager. Staff and service users were happy to have an established manager after going through a period of change and instability.
We had evidence to show that the registered manager and the senior managers of the organisation worked with staff so that they understood the vision and values of the company and the service. We saw that the manager promoted sound values that the staff team could follow.
The organisation had a suitable quality monitoring system in place. We noted that the registered manager and her management team, the operations managers and the chief executive had noted some of the problems we identified. We judged that the organisation was not as proactive as they might be when they were dealing with improving quality.This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because although quality auditing was in place problems in the service had not been dealt with in a timely or appropriate manner.

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 always safe.

Staff had a good understanding of their responsibilities in relation to safeguarding and referrals were made when necessary.

Staffing levels did not meet the needs and dependency of people in the home.

Risk management was not being done in a way that would keep people safe.

Is the service effective?

Inadequate

The service was not always effective.

Staff had received training and supervision.

People received suitably varied and nutritious diet but nutritional planning needed further development.

There were a number of problems in the environment which needed improvement.

Is the service caring?

Requires Improvement

The service was not always caring.

Most staff treated people with dignity and respect and supported their confidentiality and privacy.

We had evidence that some staff needed to reflect on their practice and we recommended that the registered manager continued to work on this.

End of life care was suitably managed.

Is the service responsive?

Requires Improvement

The service was not always safe.

Assessment and care planning needed further development.

People told us that there were suitable activities and entertainments on offer.

Complaints were being managed appropriately.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

The home had a suitably qualified and experienced manager who was registered with the Care Quality Commission.

There was a quality monitoring system in place but not all failures to meet standards had been dealt with promptly.

Harriets

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 Tuesday 5th and Wednesday 6th January 2016 and was unannounced.

The team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both members of the team had experience of the care of older adults and of people living with dementia.

We met with all of the twenty four people in residence and had in-depth conversations with twelve people. We met five people who were visiting friends and relatives during our inspection visit. After the visit we spoke with a family member of a person who had lived in the service for a short time.

We looked at ten care files and checked on documents related to medicines management. We also looked at personal financial accounts. We saw risk assessments, moving and handling plans and nutritional plans for ten people. We checked on accident reporting.

We spoke to one member of the catering team, four of the housekeeping team and six care staff members. We spent time with the registered manager, the administrator and with two of the company's operations managers who came to the home on the second day. We also spoke on the telephone with the estates manager for Roseberry Care Centres GB Limited.

We looked at three recruitment files and six staff development files. We were also given copies of rosters for December 2015 and staff lists. We had a copy of the record of training received and a training plan for 2016. We also looked at some of the policies and procedures for the company. We checked on quality monitoring documents and looked at fire and food safety records.

Prior to our visit we had contact with social workers and quality officers from Cumbria County Council. We

also checked on information sent to us by the service. This included notifications of accidents and incidents of concern. After our visit we attended a meeting with health and social care professionals where more evidence was gathered.

We did not send a Provider information Request for this visit as we brought the inspection forward due to concerns that had been raised.

Inadequate

Is the service safe?

Our findings

People who lived in Harriets told us that they felt safe in the home and that they could speak up if they were concerned about anything. One person told us "I would tell the manager or [the unit managers] if anything worried me." People told us the staff were very busy even though there were fewer people in residence. They said that staff still managed to give them support. People said "The girls have to work very hard they are always running about." "The staff are friendly and come when you want them." People were happy with the way staff managed their medicines. One person told us: "They look after my pills and see that I do not forget to take them."

We spoke to staff about safeguarding vulnerable people and they had a good understanding of what was abusive. Half of staff had received recent training in safeguarding and the remaining staff were booked onto suitable training updates. They told us that they would report anything of this nature to the manager, supervisory staff or to representatives of the company. The registered manager and the unit managers understood how to make a safeguarding referral to the local authority. We had evidence to show that safeguarding was managed appropriately.

We saw that risk assessments were being completed in relation to people in the service and to the environment. The service had emergency planning in place. Risk management plans were in place but were not always being followed through. This service had a high number of falls recorded in the six months prior to our visit. There were some individual actions in care plans. Some of the actions were difficult to follow because of the issues around staffing in the home. For example the care plan for one person at risk of falls said that staff needed to monitor at all times in the lounge. During our visits there were times that there were no care staff available to do this.

We also looked at other areas of risk. One person was at some risk of choking and others were at risk of developing pressure sores. A health care professional said that they had spoken to the registered manager about potential admissions of people that the team might not have been able to support appropriately. Risk was noted in the care files but these two people had been admitted. Potential risk was noted but guidance on how to manage the risk of falls, choking or development of pressure areas were not detailed in care plans. An occupational therapist told us that they judged that risk management about moving and handling was not included in care plans that they had reviewed.

This is a breach of Regulation 12(1)(2)(a)(b) because risk is not being managed effectively to keep people safe.

We looked at the last four weeks of staffing rosters. Usually there was one senior carer or a unit manager on duty for the whole home and three or four care staff during the morning. In the afternoon and early evening there was usually one less member of staff. From 7.30 in the evening until 7.30 in the morning there were three staff on duty. The home also had catering, administrative and housekeeping staff. Some kitchen domestic hours had been cut. Care hours did not always keep people safe by day or night. Visitors to the home told us that it was sometimes difficult to find staff to talk to. We noted on the days of our inspection

that staff managed to respond to call bells quickly despite the staff to service user ratios.

The home had a secure dementia care unit with six people in residence during our visits. This unit was run by one member of staff. One visitor said they were unhappy because their relative had to wait for attention as there was only one member of staff on the unit. We asked staff about care delivery and they told us that sometimes they had to wait for assistance to carry out tasks like moving and handling and that there were times when the people living with dementia were left alone. This was because the one care assistant would be attending to the needs of one person in the privacy of their bedroom. A member of the public told us that sometimes the door to the dementia care unit was wedged open so that staff could move freely around the home. This might have meant that people living with dementia were not always safe.

We also looked at dependency levels in the rest of the home. On the days of our visits there were 18 people in residence. At least nine of these people needed the assistance of two staff members which meant that at times the other people in the home had to wait for attention. At times there was only one senior person on duty who had to deal with tasks like medication administration in the general unit and the dementia unit.

On the second day of our inspection additional staffing was put in place from 8:00 to 14:00.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not enough staff on duty to ensure people were safe and well cared for.

We looked at staff recruitment and we saw that staff went through a formal, competitive interview process and that the provider ensured that candidates were suitable to work with vulnerable people. Each of the recruitment files we looked at had proof of identity, two references and confirmation that the candidate did not have a criminal record and had not been dismissed from another care setting.

We also checked on the disciplinary processes used by the organisation. We judged that these were suitable. The company had a Human Resources department that supported registered managers. One of the unit managers told us how they would access this and how they could contact an employment law company if necessary.

We checked on management of medicines by looking at the administration records, observing people being given medicines and looking at the medicines stored in the home. The arrangements were in order. We were aware that there had been an error made but that this had been dealt with internally.

The service had previously had some problems with the management of infections. This had been dealt with in a proactive way. Staff said that there had been no further problems with cross infection. We saw that suitable systems were in place. Staff understood the need for good personal hygiene and used personal protective equipment appropriately.

Inadequate

Is the service effective?

Our findings

People told us that they were satisfied with the skills and knowledge of the staff in the home and several people told us "how good" particular individuals on the staff team were. We had mixed responses when we asked people about food and drink in the home. People told us"You get a choice at every meal." "The food is alright but nothing special." "You always get plenty to eat." "It is Ok ...and they will make you something different...had worse and better."

We asked for and received copies of the training matrix. We also looked at individual staff records. We saw that the company had a training plan in place that covered all aspects of the skills and knowledge needed by the staff team. We saw that some topics, for example, care planning training had a 100% attendance and that several other training sessions had been well attended. The company had however noted that some attendance at training had been poor. We saw that training on the topics the company judged to be mandatory was booked for the early part of 2016.

The management team were aware of some issues where some staff needed more support through training and supervision. Several staff told us they had received recent supervision but that they had not had regular supervision during 2015. During 2015 supervision had not been completed in line with the organisation's targets. The registered manager had completed one formal supervision with almost all of the staff and had delegated responsibilities to the senior team. We looked at supervision records and we saw that these needed to be done with more regularity and in more depth.

We recommend that staff development is progressed with individual staff receiving appropriate support, supervision and training.

We had evidence from staff to show that the registered manager was working on communication in the team because there had been some instances where internal communication had not worked well. We were also aware that some social workers and some health care providers had questioned the way communication worked in the home. The registered manager was aware of some breakdowns in this and had put steps in place to improve this.

We recommend that both internal and external communication is reviewed by the provider to ensure that no further breakdowns occur.

The staff team judged that a number of people in the home were, due to issues with their cognition, being deprived of their liberty. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA . The registered manager had made a number of applications and staff were aware of their legal obligations. The appropriate documents were in place on individual files.

We heard staff asking for consent before delivering care and support. The registered manager told us that there were still some staff who needed to develop their practice in relation to consent and dealing with this.

The service did not use restraint. All staff had attended training on managing behaviours that challenge. When we discussed this with staff we learned that they were still not confident about this and further guidance was needed in care plans.

We were in the home when people were given meals and snacks. We went into the kitchen and saw that there was a good supply of different types of food in the home. We looked at the menus and saw that these were varied and met the nutritional needs of people in the home. We saw that staff weighed people regularly and that no one was underweight. We judged some nutritional plans needed to followed more closely where people were overweight or obese. A health care practitioner said that the staff had not managed nutrition well for a person with diabetes but that this had been dealt with by the registered manager. We spoke with catering and care staff who were aware of special dietary needs. Nutritional planning was acceptable but still needed development.

We recommended that nutritional planning be developed further and that more details were recorded in food and fluid charts.

We learned that the local community nurses visited three times a week. Records showed that GPs and specialist health care practitioners came to the service when necessary. Health care professionals said that they were working with the registered manager to make sure that their advice was always taken as their guidance had not always been followed in the past.

We walked around all areas of the home and were struck by a malodour. This was extreme in one bedroom and in some other areas. This odour was possibly related to a drainage or plumbing problem. This had been reported but by the end of our inspection there had been no visit from the drainage company. We had assurances that the immediate problem would be dealt with and an exploration of the drainage system planned. This was confirmed by the estates manager after our visit.

We were also told by staff that there was a problem with the heating in one wing. The maintenance person told us the heating was not working in any of the rooms in this area. Care staff had moved people from these cold rooms. The registered manager and staff said that there was some question over whether the boilers in the home were adequate to ensure that all areas of the home were always warm. The estates manager spoke to us about this after the inspection and said that boiler and pipework would be replaced.

There had been a leak in a pipe in one of the ceilings which had damaged a corridor ceiling. This had been approximately one month before our visit. A temporary repair had been made. This posed a fire safety risk. We also noted that some fire doors had gaps at top and bottom. We were concerned about fire safety and we asked Cumbria Fire and Rescue to visit.

We had evidence to show that the company had put some resources in the environment but we saw that there still remained work to be done to bring the home up to a good standard. Bathrooms, toilets and ensuites had wooden boxed in pipe work and radiator covers. Some of these showed damage from water and other fluids. This posed a problem of infection control.

We asked people if they had keys to their bedrooms and no one said they had. The registered manager said that not all bedrooms had keys. Some empty rooms were being used to store furniture, clothing of deceased people and other miscellany. These rooms were not locked. Chemicals were being stored in an empty room and a padlock had been put on the door as there was no key.

We learned that some equipment which belonged to the community nursing service had not been returned to them. Some beds and specialist mattresses had been re-used for other people. This had not been done with a correct assessment of need and the equipment had not been decontaminated.

Around the home we also noticed other issues such as marks on paintwork, missing mats at fire doors and other problems. We also judged that the home was not as tidy as it might have been. Staff had not tidied one bedroom that a person had moved out of. A dining room chair had been left outside in the rain and cigarette ends had not been swept up. Staff were having to use broken office chairs.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the premises and equipment were not being maintained appropriately.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were "very nice", "quite kind" and "most of them are lovely". No one on the days of the inspection gave us any evidence to show that the whole team were uncaring.

We saw some kind and considerate approaches to care and support. We observed staff working patiently and kindly with people. Most staff spoke to people respectfully. They were careful to help people to retain their dignity. They knocked on bedroom doors, ensured that people received care in private and used the preferred form of address when speaking with people. We also heard staff using humour appropriately and people in the home interacted with staff in a relaxed way. It was obvious that most of the staff knew individuals very well and understood their needs and preferences. We heard some people in the home teasing some staff and this was taken with good part. Staff were cheerful and pleasant with people in the home and with their visitors.

We did, however, have some information from social workers to say that they had heard some staff using some approaches that were not so appropriate. The expert by experience also saw an interaction that was not handled as well as it could have been. We discussed this on the day with the management team. The senior staff said they were aware that some staff needed to reflect on their practice and would be dealing with this through the policies and procedures of the organisation.

We recommend that further work be done with the staff team in relation to person centred approaches and that staff are encouraged to reflect on their practice.

The registered manager had used surveys, individual reviews and meetings to gain the views of people in the home. We spoke with people who also said they were asked their views informally. One person told the inspector that they would like to be more involved in future planning and decision making. "I think the new manager listens but we have gone through a lot of changes. I want things to calm down a bit and I would like more consultation."

The registered manager said that she could access advocacy for people in the home and would use an independent organisation to do this. People in the home and the staff said that families usually acted as advocates. They also said that they would ask for social work intervention. The unit managers were talking with the local authority to get some support for an individual on the day of our visit.

We recommend that the service seek advice and guidance from a reputable source about supporting people to express their views and involving them in decisions about their care, treatment and support.

Some people in the home were being actively encouraged to be as independent as possible. Some people went out alone to the village shops and activities. We saw in some care plans that people were able to ask for support to maintain independence. We learned from staff that they encouraged people to do things for themselves. We saw that most staff encouraged and supported people and did not take over. We saw some good support for people who needed assistance to eat. Staff could talk about their duty of care and the risk

assessments they did when encouraging independence.

We saw evidence to show that the staff team worked with health care professionals to support people at the end of life. Health professionals told us that they were asked to come in and that end of life planning was done with them. We saw a care plan that was being updated and we saw that the person was comfortable and receiving appropriate care. The provider had arranged training on this but there had been poor uptake. This training had been postponed and a new date organised. A health care professional commented on how well they had recently managed end of life care for someone.

Requires Improvement

Is the service responsive?

Our findings

We asked people about their care planning and some people were aware of the content of their care plans. One person told the inspector that they had been quite closely involved and we saw that some people had signed their care plans. People told us: "I don't think I have read it but the girls ask what I want and what I can do for myself." Another person said they didn't worry about their care plan as: "The staff know me and know when I'm not feeling well." People also told us: "I can voice my concerns to the staff and would talk to the seniors or the manager. I think they would sort things out."

We saw that files had assessments in place and the files we looked at were of an adequate standard. A health care professional said that they had been asked for information and advice about specific assessments of prospective new service users but that their advice had not been taken. We judged that some re-assessment of long standing service users needed to be completed.

We read a number of care plans and saw that these were quite detailed and were up to date. We saw that the plans were being reviewed and updated as needs changed. We noted that the registered manager had audited some of them and where there were gaps these had been dealt with. One plan had lacked detail in relation to moving and handling and had been quickly updated. Some visiting professionals said that they judged that care plans did not always contain details of how to meet needs in a pro-active way.

Staff told us that they tried their best to read the care plans in full but sometimes did not have enough time. Visiting professional questioned whether all of the staff team always followed the care plans. All of the staff had attended training on writing care plans in the three years prior to our inspection. Some staff still lacked confidence in actually writing the plans and the registered manager had started to work with individuals in developing the plans.

We judged that the care plans were not as person centred as they could have been and lacked some detail in relation to emotional and psychological needs. We could see that care plans for people living with dementia were being updated and amended but that more details were needed when people had problems with managing their orientation and any behaviours that challenged the service.

We recommended that the service refers to current guidance about person centred care and planning and that staff are encouraged to become as familiar as possible with the guidance in plans.

We observed the activities organiser working with people in the home. We were given copies of the activities programme. We saw that there was a monthly activities calendar in place. This gave details of groups and individuals who came into the home. The activities on offer did not appeal to everyone in the home and the activities organiser was working with individuals to find new activities.

The local church held a monthly service and priests came into the house to give individual communion and pastoral support. The local primary school came in weekly as part of a reading group. The activities organiser said that the children had also been involved in some craft activities with people in the home and

we saw this art work displayed in the home. Students from a senior school had been in the home talking to people about their lives. There were regular exercise classes in the home and people went out to a singing group and to local coffee mornings. We judged that there were good contacts with the local community.

The registered manager kept a log of both formal and informal complaints. People told us that the registered manager did listen to any concerns. The service had suitable policies and procedures about complaints. The operations managers would lead any formal complaint if necessary.

Requires Improvement

Is the service well-led?

Our findings

People in the service understood the delegated responsibilities of the registered manager and the rest of the management team. We learned that people felt comfortable with the management arrangements. One person told the inspector that "People from the company visit and if I see them they ask how things are going."

The service had a registered manager. The manager had experience in managing care homes and had suitable qualifications. Staff told us they were happy to have an established manager as there had been a lot of changes in the last year. The registered manager told us that she had support from the company and had been able to formulate plans for the home.

We noted that the location was registered for the activities "Diagnostic and screening procedures" and "Treatment of disease, disorder and Injury". The service did not provide nursing care or any other form of diagnostics or specialist treatment. We discussed this with the registered manager and senior officers of the company and advised them that the registered activities needed to be amended.

Staff told us that they were aware of the values of the organisation and that the manager had held meetings and given individual and group supervision where these values were re-enforced. We saw evidence of these during the inspection and we also saw that the registered manager was aware of some issues where working practices went against the values of the organisation.

On the second day of our inspection we met with two of the operations managers for the organisation. We had evidence to show that the operations managers and other registered managers had visited the service during 2015. We saw that external managers had completed quality monitoring visits. The chief executive of the company had visited and had noted some issues that needed development. We also had contact with the estates manager who confirmed that the organisation was aware of problems in the environment.

Roseberry Care Centres GB Limited had a specific quality monitoring system which covered all aspects of the operation. Some, but not all, of the problems we saw during the inspection had been identified through these audits. The registered manager had monitored the quality of care delivery, staff deployment and approach, finances, medicines, catering and housekeeping. Some areas for improvement had been identified. Medicines had been audited and a medication error had been dealt with in a suitable fashion. The registered manager had a plan of delegation for supervision.

We were told of future planning for some of the identified problems in the service but we judged that the changes needed to worked on in a more timely and pro-active fashion. For example the manager had highlighted some issues with staffing, staff approach and with the environment. Senior officers were aware of these but action to improve these matters was only put in place after the inspection.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because although quality auditing was in place problems in the service had not

been dealt with in a timely or appropriate manner.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The maintenance of the environment and the replacement of fixtures, fittings and equipment did not always provide an effective environment for people who lived in the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not being kept safe and free from harm because risk management plans were not effective despite risk assessments being in place.

The enforcement action we took:

A warning notice was served on 12/02/16

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This was a breach of good governance because although quality auditing was in place problems in the service had not been dealt with in a timely or appropriate manner.

The enforcement action we took:

A warning notice was served on 12/02/16

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels for staff who delivered care did not always meet the dependency needs of people in the service.

The enforcement action we took:

A warning notice was served on 12/02/16