

## Aspire Healthcare Limited

# Parkvale

### Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



## Overall summary

This unannounced inspection took place on 20 October 2015 followed by an announced visit on the 21 October 2015. The previous inspection which was undertaken in October 2014 found no breaches of the regulations in force at the time.

Parkvale provides residential care for up to seven people with learning disabilities and/or mental health issues. At the time of our inspection there were seven people living at the service.

The service had a registered manager in post. 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 some shortfalls in the maintenance of the property mainly in connection with the decoration of the service.

# Summary of findings

Staff had not protected people from harm by ensuring robust infection control procedures were followed. We found people were not supported to keep their bedrooms clean.

Staff administered people's medicines proficiently. They had received suitable training to ensure they were able to do this safely. However, we found some shortfalls in the safe management of medicines.

We spoke to all of the people living at the service and all that were asked, said they felt safe.

Staff had an awareness of safeguarding procedures and knew what to do if they suspected any form of abuse occurring. One staff member said, "I have never had to report anything, but would if I had to."

Accidents and incidents that occurred were recorded and risk assessments completed to minimise the levels of risk to people living at the service. The provider had emergency procedures in place for staff to follow should they find a situation where they needed additional support and information or advice.

Checks had been completed to ensure that the building and the equipment within it was safe to use, including electrical and fire safety equipment.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the registered persons were complying with their legal requirements.

People told us, and their care records confirmed, that they had access to healthcare professionals should the need arise. People had visited GP's, physiotherapists and dentists for example. One person had been referred to a consultant for onward treatment which meant their condition was monitored and appropriately managed.

The service required staff to be available to support people 24 hours every day. We asked people if they thought there was enough staff. They told us they

thought there was. One relative said, "They [staff] do what is needed, I think there is enough." The provider had a system in place to ensure that suitably skilled and appropriate staff were recruited into the service.

Supervision was completed regularly and staff received annual appraisals from their line manager.

The needs of people had been thoroughly assessed and staff regularly completed reviews with them to ensure their care plans remained relevant. People told us they were fully involved in the care planning process. People told us they all had a key worker who helped them with any issues and were there to support them and give some consistency in their lives.

People told us the food was good and they enjoyed what they had to eat and drink. They said they had a wide variety of food, including some food from takeaways if they so wished. We observed meals being prepared in the kitchen, and found it was done with reference to food hygiene procedures. We observed people helping in the preparation of some of the meals.

People were respected and treated with dignity. Staff were considerate and encouraging when providing care and support to people. They supported people to express their views and listened and communicated well with people. It was apparent people got on well with their care workers.

Care plans were in place to guide staff as to how care should be provided and how best to support individuals in their care.

People were independent in the variety of activities they chose to be involved in on a day to day basis. One person chose to fish, while another chose to be involved with football.

People understood how to make a complaint or raise any concerns about their care. The registered manager had checked to make sure people understood how to do this. Documents about making a complaint were available to people who used the service.

People were asked their views on the service and about their care, although this information was not always analysed by the provider, as was the case with recent surveys completed.

# Summary of findings

The registered manager completed a number of audits and checks but there was little evidence of them being monitored by the provider and we found no appropriate infection control audit being used. Records were limited of the quality assurance visits carried out by the provider's representative.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to premises, medicines and good governance. You can see what action we told the provider to take at the back of the full version of this 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 safe.

Some of the service needed to be redecorated and have carpeting replaced. There was also a window which needed to be repaired.

Medicines were not always well managed.

Staff were aware of their safeguarding responsibilities and how to report any areas of concern. They also knew how to initiate the whistleblowing procedures.

Requires improvement



### Is the service effective?

The service was effective.

Staff were supported to carry out their role. Individual appraisal of their performance was carried out.

The registered manager understood the Mental Capacity Act 2005 and the action needed when people lacked capacity to make their own decisions. However, all of the people currently using the service had capacity to consent.

People received the support they needed with their meals and drinks if that was required and with the maintenance of their health and well-being.

Good



### Is the service caring?

The service was caring.

People and their relatives thought staff listened to them and provided good support.

Staff were calm in their approach and spoke with people in a way which showed they knew them well.

Staff encouraged people to express their views about their care and understood the importance of promoting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

Personalised care was provided, which meant people got the help they needed to enjoy their daily lives.

People participated in a range of activities and past times, including watching football, fishing and working at a local allotment.

People knew who to contact if they were unhappy about any aspect of their care and the registered manager ensured people were reminded of the importance of raising any concerns.

Good



# Summary of findings

## Is the service well-led?

The service was not well led.

Audits were completed but we found them to be lacking in detail particularly with regard to infection control.

We found no evidence of provider monitoring visits held within the service and limited detail was provided by the area manager of quality monitoring visits.

The registered manager had made requests to have work done within the service and the provider had not acted quickly.

People and their relatives spoke well of the registered manager and one person told us, "He is a fair bloke."

**Requires improvement**



# Parkvale

## 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 20 October 2015 and was unannounced, followed by an announced day on the 21 October 2015. The inspection was carried out by one adult social care inspector and one 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.

We reviewed other information we held about the service, including any notifications we had received from the

provider. For example; about safeguarding incidents, deaths or serious injuries. We contacted the local authority commissioners and safeguarding teams, Tyne and Wear Fire and Rescue Service and the local Healthwatch. We also spoke with a care manager. On the day of the inspection we were able to speak with a district nurse who was visiting one person at the service. We used all their comments to support our planning of the inspection.

We spoke with all seven people who lived at the service and two family members. We spoke with the registered manager, area manager and four other members of care staff. We observed how staff interacted with people and looked at a range of records which included the care and medicine records for three of the people who used the service. We also looked at three staff personnel files, health and safety information and other documents related to the management of the home.

# Is the service safe?

## Our findings

We found infection control procedures were not as robust as they should have been in regards to people's bedrooms. We asked people if they would show us their private living spaces and those that were available were able to show us their bedrooms. We found that large amounts of personal items were stored in the majority of people's rooms, which made it difficult for staff to ensure that effective infection control procedures were being followed. We found one bedroom which had black bin bags, full of either litter or clutter, that needed to be disposed of or cleared away. Two people's bedrooms were dusty and unclean and looked as though they had not been cleaned for some time.

One person's bed had no undercover which meant the person was sleeping on a bare mattress. We showed the registered manager, on the first day of inspection, what we had found and they told us they had not been in the bedroom for a while. On day two of the inspection we discussed the concerns again with the registered manager and area manager, and were able to visit the particular bedroom again. The bedroom was somewhat tidier than the previous day and the bed had the appropriate bed linen in place, but the room was still not maintained to an appropriate level in order to maintain infection control procedures. The area manager told us that they were surprised with what they had seen, and we told them that the bedroom was now in a better state than it was yesterday. We asked what the policy was on replacing bed linen and the registered manager and area manager were unaware of anything written down and were unsure on their responsibilities for replacing bedlinen. They said that family members were usually contacted, if appropriate, to support any further purchases. We were able to confirm that the relative had not been contacted about any replacement bedlinen.

We looked at cleaning charts and found that each person had a dedicated day each week in which staff supported them to ensure their rooms were cleaned. We asked staff about how they managed to ensure that people's bedrooms were monitored for infection control. They told us that every bedroom was monitored weekly and staff took turns depending who was on shift. They also said that paperwork was completed to show the work that had been done. For example 'clean clothing put away' or floor vacuumed were two of the activities marked off by staff

when it was completed either by them or by the person. This did not always correlate with what we found. The registered manager and the area manager said they would look into this matter.

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

Some of the interior walls and woodwork within the property were in need of re-decoration and updating and some of the carpets were in need of renewal. One person said, "I think the place could do with a lick of paint." Another person said, "The rooms are looking a bit tired now. Could do with some sprucing up." A staff member told us, "You have probably noticed that some of the rooms need decorating. Think it has been asked for before." We noted at our last inspection that we had included this as an area for improvement and although some areas had been redecorated, not all had been completed. Some of the bedrooms were in need of redecoration, which meant that people's private spaces were not always up to adequate standards of decoration. In one bedroom which had only just started to be used, we found the windows did not open properly and window restrictors were not fully operational or in line with British safety standards. We also noted that the registered manager had asked for most of the work to be completed via the provider's online reporting system with no effect.

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

People's medicines were not always being safely managed. They were safely stored, but not always accurately recorded. For example, people who were prescribed 'as required' medicines had them listed on their Medicine Administration Record (MAR), but this was not always marked to confirm if they had received them or not. This meant there was a possibility that people may have been given an incorrect dose because of inaccurate recording. We spoke with the registered manager about this and he apologised and said this would be corrected..

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

## Is the service safe?

Every person we spoke with knew what medicines they had to take and why they took them. People told us that staff helped to remind them to take them and that they [staff] kept them safely locked away until they were needed. Staff gave people time to understand what they needed to do when they offered people their medicines and supported them patiently. We found staff had received training in the safe administration of medicines and had received regular competency checks

One person said, "I've been here X years and I'd rather have my own place, but it's safe enough aye [yes]." One relative said, "Yes it's safe. It's what he needs to keep him right." Another relative said, "It's very safe. They can't cope on their own, so I don't worry about them while they are there."

We asked people if they thought their individual personal items were safe. One person said, "We have our own keys to our rooms and our money is kept in a safe in the office until we need it. No one would dare pinch my things!"

Staff knew about their safeguarding responsibilities and procedures were in place to support them. They told us they were also aware of whistleblowing procedures. One staff member told us, "We [staff] look after the people here and would not want anything to happen to them. We would report."

People told us the staff held regular fire drills to ensure that they were able to get out of the building quickly, should a fire or some other emergency occur. One person said, "We have them regular like. When the alarm goes we have to get straight out and wait by the post box in the street." Another person said, "I just have to let them know if I'm going out for fire reasons and if I'm going to be late." We looked at fire safety procedures and found they were adequate, although we were concerned about the amount of personal belongings people had in their bedrooms, which we felt may have interfered with them being able to get out of the building safely. After the inspection we spoke with the local fire and rescue service who told us they had been out to the service in the last few days and found everything in order with no concerns about fire safety.

There was a contingency plan in place detailing what staff should do in the event of various types of emergencies,

including evacuation of the building. It included details of where people would be taken in the short term should that happen and included contact numbers for senior staff or other support that would be useful.

Checks of equipment used within the building were confirmed to have taken place, including gas safety and fire equipment checks. We were sent a copy of the five year electrical check and noted that it had completed by the previous provider in 2013 but was still valid. All of the checks meant that equipment was safe for people to use.

Accidents and incident had been reported and were recorded and monitored at service level by the registered manager.

People had risk management plans in place which they had been part of and signed and where other hazards had been identified, there were separate risk assessments. However, some of the general risk assessments, for example, lone working or night working had not been reviewed since 2011. We spoke with the registered manager about this and he said that he would look into this. We also noticed that one person had a pet in the building and we were unable to see a risk assessment for that.

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

Staffing levels were adequate on the days of the inspection. One person said, "Yes, there is enough staff. They [staff] are alright aye [yes]." One person mentioned staff were sometimes short on a weekend. We discussed this with the area manager and they told us there had been some sickness previously and it was likely to be because of that. She said, "Appropriate staffing levels are always maintained, this type of service has to have the right number of staff." We looked at staffing rota's for a number of weeks and found appropriate levels were consistently in place. When we spoke to relatives, they thought there was enough staff and one said, "From what I have seen there's always plenty around and plenty of regular staff. I see the same faces." The registered manager monitored staffing levels and ensured that holidays and any sickness were covered by staff either within the service or from other provider services nearby.

Staff personnel files indicated an appropriate recruitment procedure had been followed. The registered provider had a policy and procedure for supporting managers with this

## Is the service safe?

and the registered manager said that he was confident to do this. We noted that the registered manager was in the process of updating security checks on people via the Disclosure and Barring Service.

# Is the service effective?

## Our findings

People and their relatives told us they thought the staff at the service were effective. One person said, "I can't get far but I just tell them [staff] if I'm going out. If I need a lift they arrange it." The district nurse told us that the staff communicated well with them and appeared to know people well.

Staff had received a suitable induction programme when they started to work at the service. Records showed that staff received the training and support they needed to perform their role and responsibilities. Staff received regular one to one supervision and an annual appraisal from their line manager. One relative told us, "They seem well trained and I get on well with them." Staff members told us, "Yes, we receive training, it's as good as anywhere"; "I have done lots of training over the years" and "Its okay, [registered manager] keeps us right with what we need to do." One staff member said, "We could do with drug [awareness] training." The area manager told us, "We get staff trained in things they need to meet people's needs, and if something changes we will look for new training if we need to."

People were supported to maintain a healthy diet. People were able to help themselves to food and refreshments throughout the day as they required and we saw people going into the kitchen regularly to make themselves hot drinks. One person said, "The foods alright. They [staff] cook. There is a menu and we can decide. We can make our own drinks whenever." Another person said, "The foods alright. I used to help cook it but I'm a bit shaky at the moment. There is a good choice and there is always enough, but I'm never very hungry and I often just have a sandwich." One relative told us, "[Person] has been complaining about difficulty in chewing and is having

treatment for their mouth. They [staff] have been very good, cutting things up small and helping them choose things that are easier to eat." We observed meals being prepared in the kitchen, and found it was done with reference to food hygiene procedures.

People received support from the staff to ensure they were able to access further healthcare professionals, including GP's, dentists and physiotherapists. One person told us, "I go to the hospital a lot and staff arrange it and go with me." One relative said, "They keep on top of everything." Another person confirmed they had received treatment from healthcare professionals with a health problem they had. Records showed that a referral had been made by one person's GP to seek further support from a hospital consultant for a condition that was being monitored.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty in the least restrictive way. No one at the service had a DoLS authorisation in place.

People had the ability to give consent and we saw this was respected by staff. Staff were observed asking people before they completed any 'task'. Including for example, making lunch. People had signed care records to show their agreement with the recorded information and showed they had given their consent.

The property was not adapted for wheelchairs and did not have a lift in place, although people living at the service were currently able to manage the stairs and move around the service at their own pace with relative ease.

# Is the service caring?

## Our findings

People and their relatives told us they thought the staff team were caring. One person said, “They speak properly to us and listen. I don’t know what my care plan says, but I have a key worker and they are good. We talk about my problems and they are good at helping me.” One relative said, “The staff are very polite and well trained and speak to people in a proper manner. They do a brilliant job, I can’t fault them.” Another relative told us, “Everyone there seems happy enough.”

We observed staff spoke calmly and listened to people, clearly knowing them well. One person was nervous when we spoke alone with him and he asked for a member of staff to be present. We asked a member of staff if that was possible which it was. A member of staff joined us and the person and the staff member obviously got on well with each other and we saw that the person then relaxed.

Staff were knowledgeable about the people they worked with. They were able to explain about the detail of one person’s care records without the records being at hand. Staff were seen to help and support people in a positive way. We overheard a member of staff talking to one person about a visit they had been on. The staff member seemed to know what to ask in a way that made the person feel comfortable and a positive conversation followed.

People told us that staff explained “things” to them when they did not understand. For example, money matters. One person told us that the staff had helped them when they were confused about the money they had. They said, “They [staff] helped me to sort it out.”

Relatives told us they felt involved in their family members care and had issues explained to them. We heard staff explaining to one person issues around their benefits and when the person did not comprehend, they explained again in order to give them a chance to fully understand.

We heard meaningful conversations taking place between people and the staff at the service and there was also some good ‘banter’ and joking throughout the two days that we spent inspecting the service.

Staff knocked on people’s bedroom doors and waited for a response before entering. One person said, “I don’t let anyone in my room. The staff knock on my door but they know they have to wait at the doorway.”

People were encouraged to lead individual lives, take responsibility for their own daily activities and have the ability to express their views. One relative told us, “They encourage them to be as independent as they can.” We observed people in the front garden area chatting amongst themselves. We went out to speak with them. One of the people told us they had decided to get involved with improving the front garden area and showed us some of the plants they had cultivated and other work they had done. They said staff had encouraged them to play a part in the garden because they knew they liked gardening.

Advocates had been involved with people’s support. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. Records showed that one person had an advocate involved in their care and support and when we asked them they confirmed this. They said, “They [advocate] helped me at some meetings I went to.”

# Is the service responsive?

## Our findings

A relative told us, “The client always comes first and any issues that come up, they deal well with them.”

People were supported in a person centred way. The service utilised a document called an ‘outcome star’, which was a tool used to visually show people in a more person centred way, how they were progressing with their goals. The staff also recorded on a separate document what people’s goals (wishes) were, what their aim was, who was going to help with this and how the person would know when they had achieved it. Some of the goals were time specific and were tailored around each individual.

Staff held review meetings where people could decide what they would like to achieve. People’s aspirations were discussed and people were supported to achieve their goals.

Assessments of need and corresponding care plans were in place and reviewed regularly. People’s needs were also monitored by care managers (external health care professionals) to ensure they were being met. We were told by one health care professional that the service was very responsive towards people at the service and would change or update how they supported people as and when that was required.

Care plans were not always in place for identified need. For example, some people received support with their finances but we found no care plan in place, although records showed that support was given, it was not always backed up with the relevant paperwork. We were also told that one person in particular had a tendency to ‘hoard’ items, but we found no care plan in place to support them with these needs. People’s care needs were assessed and monitored every month, but we noted that headings of the monthly reviews did not match with the care needs recorded. We discussed this with the registered manager and they said they would look into this.

People were encouraged to pursue their own interests. One person said, “I do my own thing. I go into Whitley; I watch local football and I have Sky TV in my room so I watch lots of sport.” The same person told us they wanted to go and watch a football match away from home and said they were saving up to do that. One relative told us, “They get

out a lot, they [staff] take him all over.” People were capable of choosing what they wanted to do on a daily basis. One person had enrolled on a college course which was due to start soon.

People were also regularly supported to engage in a range of social, recreational and therapeutic activities to suit their needs and preferences. People were allocated key workers who were responsible for supporting and planning their known daily living and preferred lifestyle arrangements. People’s care plan records reflected this and showed how their choices, preferences and needs were met. One person enjoyed fishing. The registered manager had ‘matched’ this person with a staff member who had a similar interest. There was a garden allotment which was owned by the local authority and we were told that one person in particular enjoyed visiting, although other people had also visited.

When we asked people if they had choice, one person said, “Yes you can do what you like. Get up, go to bed, make drinks, no-one bothers.”

People were confident that the registered manager would investigate any complaints and treat them seriously. One person said, “I have complained about blue shift to the manager and he will take it forward.” One person told us, “Pink team is spot on. The night team is really good but I am not happy with the blue team. They don’t talk to us.” The blue and red teams were how the registered manager identified which shift pattern a particular member of staff was on. We spoke with the registered manager and the area manager about this issue (with the person’s permission). They told us they would look into this but were not aware of any current issues. After the inspection, the registered manager contacted us to confirm that the matter had been resolved to the satisfaction of all people concerned.

One relative said, “I have no complaints.” Another relative confirmed that they had never had cause to complain. People told us that the registered manager gave them opportunities to raise any concerns or complaints through the meetings that were held and that they had seen information about how to complain in information provided to them.

Should people find they needed to go into hospital, the provider had in place records which would support that move. Information was ready to hand over, including

## Is the service responsive?

allergies, physical and psychological issues, and any risks the hospital would need to be aware of. A copy of the

person's medicines records would also go with this information. This meant there would be a smoother transition for the person and information was readily available.

# Is the service well-led?

## Our findings

At the time of the inspection there were two people registered as manager for Parkvale. We spoke with the area manager about this, who was one of the people registered and asked them why that was. They told us that they had been meaning to deregister and had not got round to it. Immediately after the inspection, the area manager informed us they had deregistered from this location. The registered manager was present and supported us with the inspection. They had worked in health and social care for a number of years and had been registered as manager at the service since September 2014.

The area manager said they visited the service to provide support to the registered manager. They said, however, they did not always record each visit or if any findings or actions had arisen from their call. They told us that in future they would record all visits and conversations to ensure that actions were carried out and a record would be kept at the service to verify these interactions.

The registered manager had completed requests for various work or items via the providers IT system, including redecoration and new carpeting. The provider had not always responded in a timely manner and left issues outstanding. This meant that people were left with undecorated rooms and carpeting that was in need of renewal for longer than was necessary.

Accidents and incidents were recorded on the providers IT system. We felt that this did not fully monitor trends as it was not detailed enough and only showed the number of accidents and incidents and not which person they related to. This meant that trends were less likely to be identified and it was not possible to ascertain if the likelihood of incidents reoccurring was reduced by any actions taken.

Checks and audits had been completed at the service by either the staff or the registered manager. For example, these included cleaning checks, health and safety audits and fire safety audits. Fire safety audits included 'is the entire electrical installation in order' and 'are all fire exits readily available' and we were able to confirm and agree with staff findings that all were in place and correct. The registered manager had also completed care plan audits on a monthly basis which included monitoring if records had been reviewed and were up to date.

When we asked to see a copy of the infection control audit, the registered manager showed us the information he completed on the providers IT system. We found that this was not an infection control audit, but numbers of people who may have had infections in that particular month, for example numbers of people with winter vomiting. We noted that some elements of infection control were included in the health and safety checks but not all areas required by the department of health code of practice on infection control were covered.

We asked for a copy of the audits that the quality assurance team had carried out. The registered manager was unable to provide us with any information. However the area manager sent us a copy of a report completed on the 6 August 2015, which had focussed on staffing and compliments and complaints. According to another document that the area manager sent us, the quality assurance team had spent 15 days in the service and looked at a range of procedures and spoke to people and staff. However, we were given no documentary evidence to confirm these visits and staff could not remember when the team had visited the service.

Satisfaction surveys were completed and showed the positive comments that people had made. However, the registered manager and area manager were unable to tell us how the survey results had been analysed or what happened to this information once it was completed.

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

People and their relatives spoke positively of the registered manager and one person told us, "He is a fair bloke." One relative told us, "The manager is very approachable and I have never had any complaints. If anything is wrong they [staff] phone and tell us straight away and sort it out. I really appreciate the way they help them with everything they can."

Meetings had been held with staff members in August but we noticed that these had not been held regularly. The registered manager had confirmed that going forward, these meetings would be more regular. One staff member said, "We have had meetings, but we are a small team and see each other regularly anyway."

Relatives told us they felt involved in the running of the service. One relative told us, "I get asked to meetings."

## Is the service well-led?

Regular meetings were held for people who lived at the service and usually occurred every two months. We noted dates in August, June, April and February of this year and during these meetings a range of issues had been discussed. For example, discussions around a request for a pool table, dart board and where the designated smoking area was. People told us the meetings were useful, and they were able to speak out if there was something they wanted to talk about. They also said they could speak with the registered manager separately as he had an open door

policy. While we were inspecting, people did visit the registered manager and ask him questions and he responded positively. The registered manager confirmed that a new dart board had been purchased and we saw it in place in the communal area.

Notifications which services are legally obliged to send us, had been sent as required. The registered manager was aware of the types of incidents and accidents that needed to be sent to us.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment were not being provided in a safe way for service users in that the premises were not safe or fit for purpose, medicines were not managed safely, risks had not all been assessed and infection control arrangements had not been maintained.

Regulation 12 (1) (2)(a)(b)(d)(g)(h)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person had not ensured the premises used by service users was suitable, clean and properly maintained.

Regulation 15 (1) (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured systems or processes were established fully and operated effectively to ensure compliance with the regulations

Regulation 17(1) (2)(a)(b)(c)(f)