

Avenues South East

Avenues South East - 288 Shipbourne Road

Inspection report

288 Shipbourne Road
Tonbridge
Kent
TN10 3EX

Tel: 02083082900
Website: www.avenuesgroup.org.uk

Date of inspection visit:
27 May 2016

Date of publication:
31 August 2016

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The Inspection took place on 27th May and was unannounced.

288 Shipbourne Road provides accommodation, care and support for up to 6 people with a learning disability. At the time of our visit there were 6 people living in the home. At the time of our inspection there was a registered manager at the home. 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.

The home had a friendly and warm atmosphere and staff spoke of how much they enjoyed working there. People were treated with kindness and compassion and there was a lot of positive interaction and laughter. Staff regularly checked to see if people needed anything and there was clear evidence of caring relationships between staff and the people they supported.

People lived in an environment that was not always clean and well maintained. During the inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Support plans ensured people received the support they needed in the way they wanted. People's health needs were well managed by staff so that they received the treatment and medicines they needed and were consulted about consent. People received a very person centred service and staff were responsive to people's needs. People were treated with respect. Staff interacted with people very positively and people responded well to the staff. People received adequate food and drink and were supported to maintain a balanced diet.

Staff were provided with training specific to the needs of people which allowed them to carry out their role in an effective way. Staff met together regularly and felt supported by the manager. Staff were able to meet their line manager on a one to one basis regularly. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event. However, notifications and safeguarding referrals were not always sent in a timely manner. We recommend that the registered provider reviews its safeguarding reporting procedures.

There were sufficient numbers of staff employed to meet people's needs at the home. We found appropriate checks were carried out to help ensure only suitable staff worked in the home. People who lived at the home are supported to take risks safely and their freedom is protected.

Complaints are responded to appropriately but not all complaints were recorded. One complaint had been dealt with but was not recorded in the complaints log. We recommended that all complaints, including verbal complaints be recorded following the registered providers complaints procedure.

The culture of the service is open and person focused. Quality monitoring systems were effective and action plans have led to change. The manager provided clear leadership to the staff team. Some statutory notifications were submitted late. We recommend that the registered provider reviews its statutory notification reporting procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe

The environment was not always kept clean and had not been well maintained

Risk assessments were comprehensive.

Staff understood how to protect people from abuse and avoidable harm.

Staffing numbers were sufficient to keep people safe in the home.

Medicines were being managed safely.

Is the service effective?

Good 

The service was effective

Staff were trained to deliver effective care that met people's individual needs.

People received adequate food and drink.

People were supported to access medical professionals to ensure their good health.

Care was only provided with people's consent.

Is the service caring?

Good 

The service was caring

Staff knew people really well, had positive relationships with them and treated them with respect and compassion. People were involved in all areas of their life and were supported to be independent.

Staff promoted people's right to privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People received a person centred service and staff were responsive to their needs.

People and their relatives were involved in planning and reviewing their care.

Complaints were dealt with promptly but were not always recorded as complaints.

Is the service well-led?

Good ●

The service was well led.

The culture of the service was open and person focused.

Quality monitoring systems were effective identifying areas for improvement and making positive changes.

The manager provided staff with clear leadership and support.

Avenues South East - 288 Shipbourne Road

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 27th May 2016 and was unannounced. The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We requested a list of people we could contact and this was provided.

As some people who lived at 288 Shipbourne Road were unable to tell us about their experiences, we observed the care and support being provided and talked with relatives and other people involved during and following the inspection. As part of the inspection we spoke with the manager, four staff, two people who lived at the service and three relatives. We looked at a range of records about people's care and how the home was managed. We looked at three people's care plans, medication administration records, risk assessments, accident and incident records, complaints records and quality audits that had been completed. We last inspected 288 Shipbourne Road in December 2014 when we found they were meeting the requirements of the regulations.

Is the service safe?

Our findings

People and their relatives told us that they felt safe at the home, "X is in a safe environment, the quality of the staff are very attentive and always watching out for her." And, "Yes definitely they are safe; it's a pleasure to visit there".

However, people were not living in an environment that had the standard of cleanliness people should expect and the property was not always maintained well. The downstairs toilet and upstairs bathroom were not clean. Some of this was due to broken or damaged areas that made it difficult to clean. The radiator in the toilet was broken and the shower bars were worn and rusty. The clinical waste bin was rusty and not fully contained so was odorous. Other areas were dirty because they had not been deep cleaned. The downstairs bathroom floor was dirty in places where it met the walls and behind the toilet. In the upstairs bathroom the floor and shelving behind the bath was very dirty. The underside of the bath hoist was visibly stained and dirty as were two commodes in people's rooms. There were dirty bath mats hanging up in the bathroom, and under the sinks were dirty.

Staff were seen walking around the home with gloves on after helping people with personal care, which is an infection control risk to people. The infection control procedure did not specify the correct procedures for cleaning commodes and the cleaning schedule did not include cleaning commodes or the shower chair. There was an infection control risk assessment, with risks identified such as infectious diseases. However, this had not identified that effective cleaning was not happening.

The decoration of the premises was not always good. The décor in the lounge was in need of attention to create a homely and pleasant environment for people. Where pictures had been removed there were holes in the wall in the lounge. Woodwork was chipped and marked from wheelchairs. Walls were dirty and marked. One person's bedroom door showed the residue of the name of the previous occupant. The work top in the kitchen was spilt and worn as were some kitchen units. The manager had raised this with the housing provider.

Although the garden was used actively by the people who lived at the home, part of the garden was inaccessible due to a raised area with a wall that was not secure. The registered manager told us, "It's a risk so we don't use it." A fence panel had also fallen down and needed to be repaired, which meant the garden was not secure for people to use. The registered manager told us that they had taken action to report these issues to the landlord and records showed that this had happened.

The lack of good maintenance and cleanliness of the home was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were clear about how to report safeguarding concerns and were confident to do so. One staff said "I have no doubt at all that any concerns would be dealt with properly." Staff had received appropriate training on safeguarding adults which meant they knew to look out for signs of abuse and understood how to report concerns. The manager had identified some safeguarding concerns around one person who lived at the service and had taken appropriate action to keep them and other people who live at the service safe.

The manager had adjusted the rota and requested the support of The Avenues own Positive Behaviour Support Team to find ways to meet peoples need and manage risk safely. However, the manager had not sent safeguarding referrals to the local authority or sent statutory notifications to CQC, but these were received by the end of the inspection. As the manager had already taken the action to minimise any risk the impact on people was low.

We recommend that the registered provider reviews its safeguarding reporting procedures.

The service had identified possible risks to people and assessed how to keep people safe. There were detailed risk assessments and care plans in place for the safe moving and handling of people. This included information about the equipment required, how many staff and what technique was required for different moves for example, from bed to chair.

There were risk assessments in place to reduce the risks when people were involved in household tasks such as preparing meals, laundry, managing their medicines, using vehicles and moving safely around the home. This meant that people were encouraged to take positive risks that increased their independence. The registered manager had considered other risks to people, for example in the event of a heatwave. Risks to people's health were thoroughly assessed and there was a plan in place for one person whose condition put them at risk of weight loss or gain. If the person experienced a ten percent loss or gain over up to 3 months staff were prompted to arrange a GP appointment. Staff followed clear risk assessments for reducing the risk of skin damage through pressure. This included frequent repositioning, good nutrition and hydration and encouraging moisturising of the skin.

Staffing numbers were sufficient to meet people's needs. Staff told us that if agency staff were required the registered manager ensured they worked alongside more experienced permanent staff. This was reflected in rotas seen. The registered manager only used regular agency staff who were familiar to people. The registered manager told us that, where possible, they ensured personal care was carried out by permanent staff.

Staff responded quickly when people had requests or needs. There were enough staff to allow people to go out when they wished to. We observed that one person went to the shops and another to a GP appointment during the inspection. Records showed that staff recruitment procedures were robust, which minimised risks to people's safety and welfare. The provider carried out police checks and obtained appropriate references to ensure staff were safe to work with people who lived in the home. Staff we spoke with confirmed they were not allowed to start work until all the checks had been completed.

Medicines were administered safely. Storage was suitable and temperatures of the storage areas were regularly monitored. Staff were clear about how to safely administer medicines and we saw they followed good practice for doing so. Staff had received training in how to administer medicines and this was kept up to date and monitored by the manager. This ensured staff continued to manage medicines to the required standards. Where there had been a mistake when giving a medicine, this had been dealt with appropriately and further training and checks had been put in place to support the staff concerned. There were protocols in place to guide staff on how to administer medicines to people who required them on an "as required" basis.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us that a visiting family member "was literally amazed at the loving and friendly atmosphere at X's home, and at all the tailor-made activities that were being provided. We were made very welcome, and were able to take part in various activities. Added to that, [the manager] arranged for one member of staff to come on duty early, so that we could take X and her two key workers out to lunch. We really couldn't have asked for more cooperation." Another relative told us, "X has a very active life and that's to be commended. They still manage to find outlets for X's needs despite all the other things they need to do."

Staff had the training and skills they needed to meet people's needs. The manager had ensured that a training programme was in place and that staff were up to date with training courses. We saw records that showed staff are trained in 15 courses as standard and that training is linked to staff development. Staff received training in a comprehensive programme of courses including mental capacity, dementia, and positive behaviour support. During the inspection we observed staff supporting people to move safely and communicating with people effectively. This demonstrated that the training staff received was effective.

Records showed that staff were supported through a detailed induction programme after being recruited. For one staff member there was a record of coaching sessions where the staff member had shadowed tasks such as finance checks and supporting someone with a horse riding activity. The induction was assessed through 1-1 meetings with the registered manager. Staff told us they felt supported by the manager, "I love working here, it's such a nice home. [The manager] works really hard and always mucks in." Staff had regular supervision and appraisal with the manager. Supervisions were used positively to help staff to reflect on their practice and the manager offered helpful advice to staff to improve their work.

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. All care plans we looked at on the day of the inspection contained a mental capacity assessment for making a decision about living at the service. If the person lacked capacity a best interest's decision had been made with relevant people. Staff we spoke with had a good understanding of MCA and made appropriate assessments. One person who required a referral to the dietician for weight loss had a capacity assessment completed and in place.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest. The registered manager was awaiting the outcome of these applications.

Staff sought people's consent before helping them. On the day of the inspection visit one person was supported to the GP for a blood test. However, this was not completed as they had not agreed to it and their wish was respected. Throughout our visit it was evident that it was part of the culture of the home for staff to always seek consent from people before going into their room, or supporting them with a task.

People were supported to maintain good health and access healthcare services. People were referred appropriately to healthcare professionals, such as the dietician and speech and language therapists, if staff had concerns about their wellbeing. One person's needs had changed and they had become unwell and were not eating as well. Staff were clear about what they needed to do to make sure the person's medical condition was not affected. Staff had called the GP for advice during the inspection and followed this and shared the information with other staff.

Records confirmed people had access to a GP, dentist and an optician and could attend routine appointments when required. People had a health action plan which described the support they needed to stay healthy. Care plans were in place to meet people's health needs in these areas and were regularly reviewed.

People had detailed plans for the management of conditions such as diabetes, including when blood glucose levels should be checked, how frequently snacks should be encouraged and of what type and what to do if blood glucose levels are outside the accepted range. People had access to adequate food and drink and were encouraged to choose the time of their meals. This resulted in people eating and drinking more and helped create a calmer environment at meal times. People were supported to make their own meals. Staff asked one person if they would mind making a cup of tea for another person whilst they were making their own. People's fluid intake was measured and people were supported to access healthcare professionals. Staff respected people's choices about what they wanted to eat and drink. One person had a condition that requires a set diet and staff supported them to maintain this diet.

Is the service caring?

Our findings

We found staff were caring towards people. People were treated with kindness and compassion and there was a lot of positive interaction and laughter. The home was a happy place and there appeared to be a mutual affection between people who lived there and the staff. One person told us, "I like all the staff here, they are very nice." A relative told us "I have nothing but praise for them. They are always polite and the residents themselves all seem to be personally involved, and I've no reason to complain or have any worries about where X is at the moment." Another relative told us, "The whole environment exudes care and love and the staff have picked up on X's personality. They are very loving and protective and encouraging towards her." One relative told us, "They do well in caring and supporting, in interacting and coping with different diets for the different residents. They do really well in allowing each resident in having their own routine. X doesn't want to eat at set times and she has meals when she wants." Staff had built up close relationships with people. One staff told us, "I've known people here for many years, they are like my family." Another staff told us about one person, "She's a lovely, fun person."

People's privacy and dignity was promoted by staff. All staff knocked on people's bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. People were assisted with their personal care needs when needed in a way that respected their dignity. Staff were discreet when discussing people's needs. Information about people was stored securely to ensure it remained confidential. One relative told us that the staff, "always give us time for a 1-1, and X and I have had personal conversations. I told staff [about a bereavement] and asked for them not to say anything as I would like to tell X and they gave me the personal space to tell my relative this."

People were supported to be independent. One person was supported to undertake employment and had chosen to use their wages to fund a computer course. They had used the skills gained from the computer course to produce their own activity plan and email their relatives. The person told us, "I enjoy my job, I do shredding and photocopying. They pay me for it." The person's relative told us, "She's got her first job and it's given her self-esteem and you can tell by the way she responds when you ask her that she really enjoys it." One person was being supported to manage their own money including totalling up balances and checking the receipt.

All staff, including those from an agency knew people well and understood their needs. They knew what people liked and disliked and what was important to them. For example a staff member told us to compliment a lady on her appearance if we talked to her as this would make her happy. We saw other staff doing this too and it had a very positive effect. Staff respected people's choices around how they wanted to spend their time. When a person did not want to get out of their wheelchair staff respected this and offered them to sit at the dining table and do an activity which the person agreed they wanted to do. On the day we visited we saw staff were painting people's fingernails. They knew another person liked art and animals. People were dressed in the way they wished and had their jewellery on if that was important to them. They had their belongings around them such as handbags and books. The information staff told us about people matched what their plans said about their needs, personalities and interests. There was a very natural and relaxed atmosphere in the service. We saw examples of great relationships between staff and

people, for example, staff member was preparing dinner and a person was leaning against the work top chatting about a variety of things. Staff offered people drinks when they made their own.

A life history had been completed for people. Their wishes about where to live had been taken into account. There was information about their background, personalities and significant events that care staff may need to understand. There was also clear information about their families. One person's plan showed they had moved to another service due to a change in need, but they missed their friends at Shipbourne Road and wanted to move back with them. Extra funding was sought to increase staffing to allow this to happen whilst still meeting their needs.

People's families and friends were able to visit at any time and people were supported to maintain relationships with people who were important to them. One relative told us, "Although not a regular visitor I've been made welcome and all staff plus residents seem happy. We've been to birthdays and Christmas and always made welcome." Another relative told us, "I've called in just on the off chance and I'm always made welcome in her home. Sometimes it's not a convenient time and I'm still made welcome."

Is the service responsive?

Our findings

We found that that staff were responsive to people's needs and demonstrated a good knowledge and understanding of the support people required. People were receiving a person centred service. The manager told us, "X looks forward to going to work and will talk about her pay day. Her job enables her to attend a longer session at a computer club". One person told us, "People can go out when they want. There are planned activities but people will also ask spontaneously." We saw evidence of this during the inspection.

Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support. Care plans contained information about people's personal preferences and focussed on individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. The manager told us, "We recognised the deteriorating mobility of one person we support and worked with their family, care management and the Department of Work and Pensions to support this person to access a Motability vehicle. This has very literally changed their life in the most positive way."

Records confirmed that as much as possible, people were involved in the care planning process. Where people were not able to participate, we saw evidence of the involvement of relatives. One relative told us, "I have a meeting twice a year at Shipborne road and they let us know what the plans are for the year and I get written info about X's medication, and dental, haircare and medical care and its second to none." Staff said care plans were regularly updated and clear to follow. We saw that care plans were detailed and reflected the assessments and the agreed plans from the funding authority.

People's needs were met in a person centred way and our observations on the day of our inspection showed this. Staff checked with a person that they had their glasses before leaving for work. One person found comfort in caring for their doll, which they saw as their baby. Staff made sure this was available to her. Staff understood the support people needed, for example one person needed 2 members of staff to help with mobilising, and this was reflected in the care plan. People took decisions about their own home. They were supported to be responsible for their own part of the garden and spoke warmly about this to us. The manager told us, "We are very proud of the garden and green house. We grow some of our own vegetables and people are able to be as involved in this as they wish to with whatever support they need. We like that people supported are proud of their achievements when they see their vegetables growing but especially when they are eating them."

People's activity plans for the week were individual and reflected their wishes and interests. One person had a very full programme as they liked to be busy, whereas staff told us other people enjoyed quieter leisure activities as they were getting older. People's activities included food shopping, church, library, bowling, meals out, the weekly farmers market, computer sessions, banking, personal shopping and a music session. One person had a job and part of their plan was to prepare their packed lunch for the next day. As their job was going so well the manager was talking with the person about how their role could be expanded. One person had typed up their own activity plan. One person enjoyed going to the shop to get magazine, they had their magazines with them and were looking through them during the inspection. Another person

enjoyed writing in their notebook and staff made sure they had this near them when seated in their armchair. Three people were regularly supported to attend their church and staff ensured that people were taken to different churches to reflect their beliefs and wishes.

Staff told us that resident meetings were held each month where they discussed if people felt safe, if they wanted anything changed and if they were happy with the food and activities. We saw minutes of meetings that showed people were very involved.

Staff and people confirmed that routines were flexible. People went to bed when they chose. We saw flexible routines so that people had lunch when they wished.

There was an ongoing record of people's likes and dislikes in their care plan that included activities and meals. Opportunity sessions were used to support people to try new things. We saw examples where people had goals set for the year, for example going on holiday, going on a boat trip and starting swimming. Records showed that these activities had been planned or had taken place.

People were encouraged to stay in touch with their family. They had email accounts if they wanted these and could use the phone whenever they wished. One person was supported to call their relative during the inspection.

People had been supported to maintain links with the local community through attending local events. The manager told us, "People supported are known on a first name basis at their local shops. At Halloween last year, all people took part in the event putting up decorations and inviting trick or treaters. Neighbours visited and were invited in for drinks. People are supported to invite neighbours to BBQ's in the summer. People are known at their banks, churches and local groups. We aim to involve people in non-segregated community activities where ever possible."

People felt able to make complaints. One relative told us, "Yes, I would feel confident, I would approach the manager." The service had a complaints book. However, no formal complaints had been made. There was a copy of the complaint policy in the book but there was no accessible format for people who used the service. We found an informal complaint in the daily notes for one person. The manager had taken appropriate action to deal with the complaint, but they had not recorded the matter in the complaints log.

We recommended that all complaints, including verbal complaints be recorded following the registered providers complaints procedure.

Is the service well-led?

Our findings

The manager was a very visible presence in the home and people clearly knew who she was with one person telling us, "I really like her [the manager]." We also observed other people smiling and engaging with the manager and one pointed her out to us and said, "That's [the manager] she's nice." Relatives told us they found the home well-managed. One relative told us, "Yes it's well managed, but I feel that the management is so overstretched that she does a marvellous job but she has a lot of pressure put on her." Relatives felt that the registered manager was responsive to any queries they had and they felt that they could talk openly to the manager about concerns if they had any.

The registered manager provided a positive role model for the staff team. Records showed that the manager would often work shifts to provide care and to allow staff to have the time to complete paperwork.

Staff felt well supported by the manager. One staff member told us, "I always go to [the manager] if I have any concerns. Even if she is really busy she always makes time for us." People benefited from staff that understood and were confident about using the whistleblowing procedure. We saw evidence that the procedure is used by staff at the home. This meant that people were kept safe from harm or abuse. Staff were able to access a range of professional meetings and formal settings in which they received feedback about their performance and had an input in to the service. We saw records of key workers meetings, 1-1 supervisions with the manager, staff development plans and team meetings. Supervision records showed that the manager offered constructive feedback to staff to improve their performance. Supervisions were used flexibly so that people received 1-1 supervision as well as observational supervision, where the manager observes a task and offers praise and constructive criticism.

There was a daily shift plan in place so that staff were clear about who they were supporting, what activities were taking place and who was responsible for various tasks in the service. A handover took place at the end of each shift.

The manager said the area manager visited regularly and always talked with people using the service. The area manager visited during the inspection and spent time with people to ensure they were well and happy with their care. The manager said they felt the role was busy overseeing two services but they had lots of support from their manager.

The manager had been working with the registered provider to celebrate the positive culture in the home. The manager told us, "We've been nominated by The Avenues to the Tizard Centre for Staff Culture Project. It's a research in to services that work well. We were nominated because of good outcomes for the people we support. For me, I think staff are knowledgeable, skilled and supportive of each other. They understand when I tell them that things need to be done in a certain way. We've got a 'can do' attitude."

The registered manager had not consistently notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe. On the morning of the visit we had not received notifications about a safeguarding incident and an incident that affected the

running of the service; however these were received by the end of our inspection. This meant that some statutory notifications were submitted late. However, the registered manager had taken appropriate action to reduce the impact on peoples lives.

We recommend that the registered provider reviews its statutory notification reporting procedures.

Quality assurance systems were in place to monitor the quality and safety of the service being provided. However, not all checks were being completed. The infection control policy referred to a monthly infection control audit that should be carried out by the registered manager, where levels of cleanliness would have been assessed. This had not been done and the registered manager was not aware of the audit.

All other quality checks were completed. Records of a monthly quality visit by the registered provider had identified that there needed to be more staff support in the morning to meet the increased needs of the individuals at that time. The registered manager had taken action to change the staffing arrangements to meet this need. The registered manager completed a monthly medicines audit. This meant the registered manager was able to identify any additional training staff may require. The manager had also identified a need for a new fire risk assessment and had sourced a company to do this. All fire safety checks of equipment were up to date.

The registered manager had completed and reviewed Risk assessments as part of the quality assurance process. For example, risk assessments for hoisting and bathing, and this meant that staff worked in a way that minimised risks to people. The registered manager had also completed assessments for medication administration and shift leading. This meant that the registered manager had systems in place to ensure that staff were able to work safely and effectively with people when the manager was absent from the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had not provided people with clean, well maintained premises and equipment. 15 (1)(a)(e)