St. Helena's Residential Homes Limited

St Helena's

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 4th, 5th and 12 May 2017.

St Helena's is a large detached building set in its own grounds in Huyton-with-Roby, with a car park to the side of the building. The service is registered to provide accommodation and personal care for up to 33 people. The service does not provide nursing care. At the time of the inspection there were 25 people living at the service.

A registered manager had been employed at the service, however, they left their employment on the last day of this inspection. Interim management arrangements were in place whilst a new manager for the service was recruited. 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.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not always managed safely. This was because out of date stock was still being stored, medicines no longer required had not been returned to the pharmacy and records were not legible. Failure to manage people's medicines safely may result in individuals' not receiving their medicines when they need them.

Auditing systems in place to monitor the service were not effective. The systems had failed to identify areas for improvement in relation to the availability of people's care planning documents, record keeping, areas of improvement needed around the environment in relation to the safety of people, medicines management and responses to complaints made about the service. A lack of regular robust audits throughout the service failed to ensure that areas of improvement were addressed quickly to improve the service that people received.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made a recommendation in this report that the registered provider reviews people's mealtime experiences and choice of menu. Tables were not always set with the correct cutlery and condiments, and the menu for the day was not always readily available to people.

We have made a recommendation in this report that the registered provider reviews their current systems in place to promote people's rights to register their vote.

A further recommendation has been made in this report that the registered provider reviews the current systems in place for the reviewing and updating of people's care plans. This is to ensure that people receive the care and support they require at all times.

Procedures were in place to reduce and manage any spread of infection within the service, Staff had a good awareness of how to protect people from harm and were aware of who to report any concerns they had.

People's needs were assessed prior to their admission. This helped ensure that the service had the facilities to meet people's needs.

Emergency procedures were in place. Each person had personal emergency evacuation plan (PEEP) that detailed what support individuals required in the event of them having to be evacuated from the service in an emergency.

Staff recruitment procedures were in place. The process involved obtaining references and carrying out checks to help ensure that only staff suitable to work with vulnerable people were employed.

People told us that staff were kind and looked after them well. Sufficient numbers of staff were on duty to meet the needs of people using the service and people told us that staff respected their privacy.

Health care professionals visited the service on a regular basis to review, monitor and treat people's health needs.

People had the opportunity to participate in activities to help them maintain their physical and psychological health.

People and their relatives were invited to attend regular meetings with the registered provider to offer their views and discuss any changes or improvements needed around the service.

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

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 always safe.

People's medicines were not always safely managed.

Good infection control practices were in place.

People told us they felt safe using the service.

Safe recruitment procedures were in place to ensure that on suitable people were employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements should be made to enhance people's mealtime experience.

Where required appropriate application for Deprivation of Liberty Safeguards were made to the appropriate authorising agency.

People were happy with the food that they received.

Is the service caring?

Requires Improvement

The service was not always caring.

Improvements were needed to ensure that people were enabled to exercise their right to vote.

Staff were caring in their approach to people.

Information was available to people to demonstrate the standard of care and support they should expect from the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were needed as to how people's care plans were

reviewed.

People had the opportunity to participate in activities.

Regular meetings took place for people and their relatives to discuss the service with the registered provider.

Is the service well-led?

Inadequate

The service was not well-led.

Care planning records were not available to all staff responsible for delivering people's care and support.

The auditing systems in place to assess the quality or the service people receive and the environment were not effective.

Policies and procedures available to staff to support the delivery of safe care needed reviewing and updating.

Staff felt supported by the registered manager.

St Helena's

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 4, 5 and 12 May 2017. The visits on the 4 and 12 May were unannounced.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of four people who used the service. In addition, we looked at records in relation to the planning and management of the service, policies and procedures, staff rotas and the recruitment records of three members of staff.

We spent time with 12 people who used the service in the dining room and communal lounges and spoke with a further nine people. We spoke with the registered manager, six staff members and the registered provider, a visiting healthcare professional and social worker. In addition we spoke with the fire and rescue service, the Local Authority commissioners and reviewed information from the Clinical Commissioning Group pharmacy team.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service. Comments included, "I can wander around quite happily and I feel safe" and "I always feel safe, staff look after me well". People told us that the recent increase in staff throughout the day meant that there were more staff around to assist with their needs. Comments included "Staff always respond to me when I ring the call bell" and "You don't have to wait long for assistance, its great having extra staff around in the evening".

People's medicines were stored in a locked room to which only staff members who were responsible for the management of medicines had access to. We found that people's medicines were not always being stored safely. For example, medicines no longer in use by people that were to be returned to the dispensing pharmacy were not stored in an appropriate facility. In addition, the items for return had not been recorded and therefore there was no clear account of what medicines were in use or being stored in the service.

Eye preparations prescribed to people did not a date recorded when they were opened for use. In addition, we found liquid medicines for two people dated 2016 and no longer in use that should have been destroyed three months after being dispensed, were still being stored. Many preparations, once opened are to be used for a specific time before they need discarding. In the event of the date of opening not being recorded, it would not be possible to ensure that the preparations would be discarded when needed.

Medicines had not always been administered as they were prescribed. For example, medicines prescribed for two people should have been administered every 72 hours. However, records showed that on two occasions the medicines had been administered 96 hours apart. This demonstrated that both people had not received their medicines when they should have.

Each person had a medication administration record (MAR) on which all medicines administered were recorded. Not all of the MAR's had been completed appropriately. For example, the charts had been photocopied and sections of the document were blacked out so it was not possible to see if the records had been signed to demonstrate that the medicines had been administered. In addition, we saw that where the records were legible they were not always completed. Failure to maintain accurate records puts people at risk of not receiving their medicines as prescribed.

This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that people's medicines were managed safely.

A maintenance person was employed to regularly monitor areas of the service to ensure that people are safe and to carry out maintenance around the building and grounds. We saw that regular checks were carried out in relation to hot water temperatures, the nurse call system and fire detection systems. At the time of this inspection the maintenance person had not been available for several weeks. In their absence the role of carrying out checks around the environment had been carried out by others. However, not all of these checks were effective, for example, checks on the hot water temperature around the building had failed to identify that a number of hot water outlets were running too hot or were not running hot enough. An area

close to a set of stairs was cluttered with equipment which included a hoist, carpet cleaner and wheelchair which may have created a hazard for people having to access the stairs in an emergency. In addition, we found that an uncovered radiator that was accessible to all was extremely hot and if touched could have caused an injury. No risk assessment had been completed to consider or reduce risk to people in relation to this radiator.

This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure risks to people's health and safety were minimised.

We discussed these concerns with the registered manager who told us that she would urgently address these issues. Shortly after our visits the registered provider informed us that action had been taken to rectify these concerns.

The environment was clean and people told us that their bedrooms were always kept clean. Personal protective equipment (PPE) was available throughout the building to minimise the risk of cross infection to all. For example, gloves and disposable aprons were readily available. Staff demonstrated a good awareness of how to minimise the risk of cross infection within the service. One member of staff explained that a number of people had recently experienced viral symptoms and demonstrated that appropriate actions and advice had been taken to prevent any symptoms being passed to others. These actions had included seeking advice from the community infection control nurses.

An electronic care planning system was in place that had a facility to identify and plan for identified risks to people. For example, if a person was at risk from falling staff were able to calculate and record what actions were needed to minimise the risk from falls. In addition, the service also utilised guidance supplied by the local authority which gave clear information and identified 'triggers' as to why people may fall. This information was available to all staff. People's care planning documentation also contained assessments in relation to risks from skin pressure areas and when people were mobilising.

Procedures were in place to ensure that in the event of an emergency people could be evacuated as safely as possible. Each person had personal emergency evacuation plan (PEEP) which detailed what support and guidance an individual needed in the event of having to leave the home in an emergency. The availability of the PEEPs helps ensure people's safety at all times.

Safeguarding policies and procedures were in place to advise and offer guidance as to how staff needed to respond in the event of an allegation or incident of abuse taking place. This information included the local authority's joint agency policy and procedure on safeguarding people. The registered manager and a senior member of staff demonstrated a good awareness of how to protect people from abuse and what actions they needed to take if a concern was raised. Training records demonstrated that the majority of staff had received training in safeguarding people.

A set number of three care staff and a senior care staff were on duty throughout the day to meet people's needs. Recent changes to the rota had introduced two additional staff to support people, one at breakfast time and one during the evening. People who used the service and staff told us that the recent increase in staff had made improvements to the delivery of care and support to people. One person told us, "You never have to wait long as staff will always come and see what you want help with". In addition to care staff a team of domestic and catering staff were employed to support people's needs.

Safe staff recruitment procedures were in place. Prior to a member of staff commencing their employment an application form had been completed and written references had been applied for and received. In

addition, a Disclosure and Barring Service (DBS) had been carried out. Carrying out these checks minimised the risk of people being employed who are not suitable to work with vulnerable people.

Within the last few months the service had received inspections from the local council in relation to food hygiene and the fire and rescue service. The service had been awarded five stars in relation to the food hygiene which staff were proud of. The fire and rescue service inspection had resulted in a number of improvement actions being required. The registered provider was able to demonstrate what improvements were planned. In addition, an evacuation chair had been purchased to enable people to use the stairs in the event of needing to evacuate the building or in the event of the passenger lift failing to work.

Requires Improvement

Is the service effective?

Our findings

People told us that they had been asked about their needs and wishes prior to moving into the service. One person told us, "Yes. They [staff] asked me what support I needed, what I liked and what I didn't like". People's comments about the food were positive with individuals' explaining that the lunchtime meal was the lighter meal with the main meal being served at tea time. Comments included, "You can always have a cooked breakfast, it sets me up for the day" and "You can always ask for a jacket potato or salad if you don't fancy what is being served".

The majority of people chose to have their meals in the communal dining room or conservatory. We joined people for lunch during the inspection. Soup was offered followed by a choice of sandwiches or beans on toast, fruit and yoghurts. The main meal of the day was served at teatime. Staff offered people what choices were available for that mealtime. The food was hot when served. We found that improvements could be made to improve people's mealtime experience. For example, tables were set with spoons, and a small vase of flowers. Cutlery was given to people when their food was served. Hot and cold drinks were served from a large trolley pushed around the dining room by staff. Staff offered people drinks on a regular basis from the trolley, however, many people in the dining room would have benefited from serving their own hot and cold drinks if they had been available on the table.

The menu was displayed in the foyer and on a white board in the dining room. Not all of the people in the dining room could see what information was written on the board. In addition, we found that what was planned on the menu by the registered provider was not always served. Staff explained that the menu was on occasions changed as some planned dishes were not well liked by people.

We recommend that the registered provider reviews people's mealtime experiences and choice of menu.

Staff told us that they had received training for their role. Records demonstrated that the majority of staff had received training which included equality and diversity, dignity in care, safeguarding people and food hygiene. Not all staff were recorded as having received up to date moving and handling, first aid training or awareness training relating to the Mental Capacity Act 2005. Staff informed us that this was in the process of being arranged. Plans were in place to introduce the Care Certificate training to newly recruited members of staff. The care certificate is a nationally recognised set of standards that care staff are expected to meet within their practice.

Staff told us that they felt supported by the registered manager and the senior staff, describing them as approachable and helpful. Staff said that they had not had the opportunity to have a formal supervision for their role, however they felt they could approach the registered manager for any advice they needed. Supervision gives staff the opportunity to sit with their supervisor and discuss their role and identify and development needs.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We found that where required appropriate applications had been made on behalf of people for Deprivation of Liberty Safeguards.

Prior to a person moving into the service, an assessment of their needs took place. The purpose of this assessment was to ensure that the service had the facilities to meet the needs of the individual and to gather information to plan for their care and support needs. The pre admission assessment gave the opportunity to record a person's needs and wishes in relation to their communication, personal care, eating and drinking, memory or decision making needs. In addition it gave the opportunity to identify people in their lives that were important to them along with health care professionals involved in their care.

People were registered with a local GP service and had access to the community nursing staff linked with these practices. In addition, Knowsley Community Care Home Liaison Team visited the service on a weekly basis. This team included healthcare professionals who undertook reviews of people's physical, mental health and medicines and when required requests for specialist assessments were made. The registered manager spoke positively about the impact the visits from the team had had within the service. For example, people's medicines had been reviewed and their health care needs assessed and planned for. The regular visits from the team enabled staff to get advice and direction as to how to support a person's changing needs safely. Records also demonstrated that people had regular access to the local district nursing team, optician and podiatrist. People told us that they were supported to see their GP if they felt unwell. One person commented "Yes, I can always ask to see a doctor if I'm not well. Staff will always ring the surgery for me".

Requires Improvement

Is the service caring?

Our findings

People told us that they felt staff were kind and caring. Their comments included "Very happy, people are lovely here" and "The girls [staff] are very nice". During the inspection a person who had previously used the service for a number of weeks visited. They told us that they often called in to have a cup of tea and a biscuit with everyone, as they had made lots of friends during their stay. The told us, "Its lovely here, I enjoyed my stay and met some lovely people".

Improvements were needed as to how meal times were planned for people. People were supported to and encouraged to enter the dining room for their lunch at a certain time. We joined people for lunch on the first day of the inspection. We found that people were kept waiting for approximately 45 minutes for their meals to be served. In this time one person was seen to fall asleep at the table whilst waiting and other people were seen to become restless. Due to the seating arrangements a number of people would have had difficulty in moving around the dining room if they had wished to. Staff told us that people who were having their meals in their bedrooms were always served prior to people in the dining room. These current arrangements did not promote choice or freedom of movement of people.

This inspection took place at the time of a local election. We asked people if they had had the opportunity to register and exercise their right to vote. A number of people told us that chose not to vote. However, three people told us that they would have liked to vote if they had had the opportunity. One person told us that they had been registered to vote at their previous address however; they were not registered to vote at the service.

We recommend that the registered provider reviews their current systems in place to promote people's rights to register their vote.

People told us that their privacy was maintained by staff. They gave examples of staff always knocking on their bedroom doors and waiting for a response prior to entering and that they always received their post unopened. One person told us, "I always get my post unopened and staff always help me open if I need them to". One person told us that staff always respected their dignity when they were in receipt of personal care. They told us, "They [staff] always make sure I am covered when I am going into or out of the shower. They are very good that way".

Staff demonstrated a caring approach to people. For example, staff addressed people in a gentle manner and offered a reassuring and comforting hand or arm when needed. It was evident that staff knew people and that positive relationships had been formed.

People told us that they were able to make choices around their day to day life. For example, people told us that they chose when they went to bed and what time they got up in a morning. In addition, people explained that they had freedom of movement around the service and the grounds. One person told us, "I just do my own thing, go where I want, when I want". Another person told us that they chose to have their breakfast in the dining room but chose to have all their other meals in their bedroom as they preferred the

quietness of their room.

Records relating to people were in both written and computerised. Lockable storage cabinets were available to safely store people's personal information. A general communication book was in use for staff to leave messages for their colleagues in relation to people and their needs. The book contained information relating to people's medicines and health appointment outcomes. The contents of the book may not protect individual's personal information as different people's notes were written on the same pages. Discussion took place with the registered provider in relation to ensuring that people personal and confidential information was managed appropriately.

People had access to the service's Statement of Purpose and Service User Guide. This document informed people of what standards of care and support they should expect whilst living at the service. In addition, information about personal property, confidentiality, privacy and dignity was also contained in the document. Further practical advice included fire safety information and access to local advocacy services for people who required help from an independent person to express their views.

Requires Improvement

Is the service responsive?

Our findings

People told us they felt their needs were met by the staff team. People's comments included, "You just need to ask and the staff will get it", "Its lovely here, you always have a laugh" and "I am happy with my room and the support I receive from staff".

An electronic care planning system was in place. The system enabled people's personal information relating to their physical and psychological health, finances, medical and medication needs to be recorded. The system gave the opportunity to record and calculate risks relating to individuals and to produce a plan of care which included how a person's identified needs were to be met. Detailed information relating to how a person's care was to be delivered was recorded on a number of care plans in the 'current situation' section. For example, one person's care plan in relation to personal care stated, "I prefer having a shower to maintain my personal hygiene. I require verbal prompts when washing. I require someone to help me remove facial hair. I require assistance to wash my hair. I am able to dress and undress myself independently". Another care plan relating to sleeping stated, "If I am having a shower I like to have this early. I like a hot drink or supper before bed. I like to wear a nightdress when I am in bed of an evening. I would like staff to check on me each hour when they complete their hourly night checks. I take my medication before bedtime to help me relax and sleep". Having detailed information as to how a person wished for their care to be delivered helped ensure that their needs are met. However, not all of the care planning documents for people had been updated with information from when they were reviewed. For example, a review of a person's care plan in April 2017 stated, "Please ensure that I have my night time medication before I go to bed. I like to take my night medication around 11pm at night before I go to sleep. I do not like to take my night medication early". The person's 'current situation' section on their care plan stated in relation to night medication "I take my medication before bed time to help me relax and sleep" and had not been updated with the specific information relating to time.. Failure to maintain up to date information in people's care planning documents may result in a person not receiving the care and support they require.

We recommend that the registered provider reviews the current systems in place for the reviewing and updating of people's care plans.

At the time of this inspection the registered manager was in the process of introducing individual short summaries of people's needs. The purpose of these records was to ensure that a short profile of a person's needs and wishes was readily available in the event of an emergency or in the event of a person having to go to hospital urgently. When completed, the information would give a short summary and guidance as to how a person's needs were to be met.

An activities co-ordinator was employed at the service to arrange and facilitate activities for people. Books, DVDs and games were available within the conservatory for people to access at all times. People told us that activities available to them included carpet bowls, cards, bingo and occasional visiting entertainers. People told us that they knew they had the choice of whether they participated in the activities. Two people told us that they had newspapers delivered daily and they spent their day reading "What was going on around the

world". Several people were seen to sit outside in the garden area enjoying the good weather. They told us that they liked sitting outside enjoying the sunshine and staff often joined them for a chat.

A monthly newsletter was produced to keep people, their relatives and staff up to date with news and planned events within the service. Information in the newsletter included welcome notes to people having just moved into the service, up and coming birthday celebrations, information about the pen pal service with another local care home and activities planned.

In order to gather people's thoughts and opinions around the service, a bi-monthly 'residents and relatives' meetings took place. We looked at the minutes of the two previous meetings and saw that information relating to privacy, re-decoration of the dining room and fundraising were amongst the subjects discussed. People told us that they always had a choice as to whether they wanted to attend the meetings.

A complaints policy and procedure were in place and clearly displayed in the foyer of the building. People knew who to speak to if they were not happy or wished to make a complaint. A form was available to record details of a complaint, any investigations, and follow-up actions needed in relation to a complaint made. Four complaints had been recorded since the previous inspection. However, information relating to the outcomes of these complaints was not always fully recorded or actions taken when identified. This demonstrated that improvements were needed to ensure that all complaints were managed appropriately. Discussion took place with the registered manager in relation to the development of a complaints register or log to ensure that all complaints and outcomes could be recorded and monitored.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post who had been employed at the service since October 2016. People and staff told us that they felt the registered manager was "always available", "approachable" and "Very good". The registered manager resigned from their post on the final day of this inspection. Following their resignation the registered provider sent CQC the arrangements for the interim management of the service until a new manager was recruited.

The registered provider was unable to demonstrate that effective systems were in place to assess, and monitor the quality of the service being provided to people. For example, effective systems were not in place for the monitoring of the hot water temperatures available to people. A lack of appropriate checks had resulted in hot water being available to people at a too high and too low temperature to be safe and effective for people. Fire detection systems had not been checked for a number of weeks as the handy person was not available. An area close to stairs was found to be cluttered and presented a trip hazard as equipment including a hoist, wheelchair and carpet cleaner were being stored at the top of the stairs. A radiator, accessible to all near a set of stairs was extremely hot to touch and posed a risk to all. No risk assessment was available to demonstrate that all risk to this radiator had been considered and, where possible minimised.

No effective systems were in place to assess and monitor the management of medicines within the service. Out of date medicines were found to be stored along with a large number of medicines that were due to be returned to the pharmacy. No records had been made of these medicines, nor were they being stored appropriately. A lack of effective monitoring had failed to identify that two people had received their medicines at incorrect times due to errors being recorded on the medication administration records.

The current monitoring systems in place had failed to identify that the outcomes of complaints were not always fully recorded nor were all actions agreed following complaint investigations carried out. The demonstrated that there was no effective system in place for the management or monitoring of complaints received by the service.

The registered provider had failed to ensure that accurate records relating to the care and support needs of people were accessible to staff supporting individuals. The electronic care planning, risk assessment, daily records and accident reporting system was password protected to ensure that people's information was stored securely. However, not all staff responsible for delivering people's care and support had a password to access the information they needed. Not having immediate access to how people's needs were to be met, information as to minimise risks to individuals' or up to date records of a person's care and support put staff at risk of delivering inappropriate care and support to people. Staff informed us that on one occasion a person became unwell and as they didn't have access to their care planning documents they were unaware of their specific medical condition. The electronic system had a facility that alerted staff to when a review of a person's care plan or risk assessment was required. We saw that eight alerts were in place that demonstrated that reviews of people's care were not taking place in a timely manner. Failure to have accurate, detailed information as to how a person needs were to be met, may result in a person not

receiving the care and support they needed and expose individuals' to unnecessary risk from harm.

Policies and procedures were in place to offer guidance and direction to staff in delivering safe and effective care. We found that the registered provider had failed to monitor the policies and procedures available as they had not been reviewed for a number of years. Failure to maintain up to date guidance may result in staff relying on out of date information.

The registered provider is required by law to notify the CQC of specific events that occur within the service. During the inspection visit we identified three incidents where this had not been done. This meant that the registered provider's system for monitoring and assessing the service was ineffective as appropriate notifications had not been submitted.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to assess, monitor and improve the quality and safety of the service provided.

At the time of this inspection the registered provider was in the process of fitting close circuit television (CCTV) into all bedrooms. The registered provider explained that they had developed a policy and sought consent from people or their representatives for permission for the CCTV to be used. However, during discussion it became apparent that the registered provider needed to supply further information to people and their representatives with regards to the potential impact on individuals' privacy and dignity to assist them with the decision making process of giving their consent. In addition, people had been asked for their consent in relation to CCTV, since that consent was in process of being sought, the registered provider had made a decision to fit audio equipment alongside the CCTV. The registered provider told us that the equipment would not be operated until people had been informed of the potential impact to their privacy and consent had been sought.

We recommend that the registered provider seeks guidance from a reputable source regarding the implementation of CCTV and audio equipment within the service.

Since the previous inspection the registered provider had introduced a staff reward scheme. The scheme involved a member of staff being identified every three months for their contribution to their role and awarded a cash prize. Since its introduction, two staff had been awarded a prize. The registered provider told us that the scheme had been introduced to encourage and recognise the work of staff within the service.

The previous inspection report, along with the ratings was displayed in the foyer of 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 12 HSCA RA Regulations 2014 Safe care and treatment This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that people's medicines were managed safely and to ensure that people's environment was safely monitored.

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 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to assess, monitor and improve the quality and safety of the service provided.

The enforcement action we took:

The provider was issued with a Warning Notice requiring them to become compliant with Regulation 17, section (1) (2), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 18 September 2017.