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CSSIW
Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Hillcroft Residential Care Home

Hillcroft Residential Home
11 Howells Crescent
Llandaff
Cardiff
CF5 2AJ

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Description of the service

Hillcroft Residential Care Home is situated in the residential area of Llandaff in Cardiff and is close to local amenities and public transport links. The home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for 25 people over the age of 65 years, who may have dementia care needs.

Hillcroft Residential Care Home is owned and operated by Farrington Care Homes Ltd. The company has a person to take responsibility for overseeing the operation of the home. Currently there is no registered manager for this service. The service last had a registered manager in February 2015. There is an appointed manager for the service.

Summary of our findings

1. Overall assessment

Mostly, people are satisfied with the care and support provided at Hillcroft. Staff are generally kind and caring towards residents. The quality of the records relating to residents care and support needs is variable. The home continues to be operating without a registered manager and recruitment procedures and safe keeping of residents' property are inadequate to safeguard residents. Administration of medication is managed well. People are accommodated in an environment that is generally clean with comfortable furnishings however décor throughout the home is variable in quality and there are areas where maintenance is required to ensure residents' safety. The home has secure entry and exit points. Residents have access to a garden area.

2. Improvements

- The Statement of purpose has been updated and contains greater, but not all, information required by the Care Homes (Wales) Regulations 2002.
- The opinion of residents, their representatives and staff working at the home have been sought during visits by the responsible person who oversees the operation of the home.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. This includes the following:

- the lack of a registered manager,
- systems and practices for the safe keeping of residents' property,
- protecting residents from risks to their health and safety and from harm and abuse,
- the quality of the care documentation used within the home,
- the leadership and management of the home including the systems for monitoring the quality of care provided to people,
- staff supervision, training and recruitment and
- detail included in the home's statement of purpose document.

1. Well-being

Summary

The majority of people we spoke with told us they were, on the whole, happy living at Hillcroft. People expressed contentment with the support provided by staff but commented how they would like more choice in their daily lives, particularly with regard to daily activities. People commented how staff are mostly, friendly and attentive to their needs. Staff demonstrated knowledge of the needs of individuals living at the home.

Our findings

People are able to exercise some choice over their every-day lives. We heard from residents that they like to spend time in the communal area, going out and also in their bedroom. We spoke with several residents who expressed being happy living at Hillcroft. One person told us "*I want for nothing"* and the "*staff are fantastic*". Another person explained the care staff were "*very nice"*, that they considered their meals to be "*beautifully cooked"* and that they were "*perfectly happy"*. However we also spoke with people who had some less positive comments about their daily lives and choices available to them. For example, we spoke with one person who wished to go out more and have more things to do during the day time. Another person expressed a wish to change the décor in their room and have more modern furniture, which was in full working order.

We observed that some consideration was given to peoples' wishes, likes and dislikes. For example, staff asked people their preference of food and drink at meal times. Residents told us they had choices of meals but one person mentioned that sandwiches are frequently offered rather than options they would consider to be more interesting or appetising. We received six completed questionnaires which commented on the meal quality, variety and choices available. All expressed the quality of food was felt to be good and that a choice was always offered to residents at mealtimes. One resident commented that they had recently had a new cook join the staff team and he remarked how he felt the meals were much improved. This indicates that the majority of people we were in contact with are satisfied with the meal provision available at the home. People have choices available to them and their preferences are, in the main, accommodated.

We observed care staff supporting people in a friendly manner. Care staff we observed were respectful when providing care and demonstrated warmth in their interactions with residents. We carried out a SOFI2 observation during the lunchtime meal service and noted residents to be in positive mood with reassurance being provided by staff to residents who required support. We saw casual exchanges and humour; residents were laughing together and conversing with one another at the dining table. Residents spoke highly of the majority of staff. There were however comments by two people during our inspection who described a staff member as having a "*poor attitude*" and we were told how it was "*not nice how she speaks to people*", an incident was described to us which explained "*dreadful behaviour", "awful", "I was so upset*", "*I can't believe a [nurse] can behave that way*".

Two other residents spoke about being unsettled at times, this related to interactions between residents and also between residents and staff with particular concern about the support for people with higher levels of confusion. We were told how altercations had

happened between residents and these were not always felt to be dealt with, with kindness and understanding. The staff member involved was the person mentioned above. We spoke with the appointed manager about this and further details are recorded in the leadership and management section of this report.

From our observations however, we witnessed some very positive interactions between residents and staff. For example, during the afternoon staff members supported residents with dementia care needs in their communication with one another in a kind, non intrusive manner. This demonstrated that they had a good understanding of the residents and skills in how to assist them to communicate effectively.

People would like to take have choices to participate in more regular activities. We saw an activities rota with a variety of activities timetabled between 2 – 4pm throughout the week. We did not see evidence of any activities during our inspection. We received information from residents detailed on the questionnaires that more activities would be welcomed by all. We also heard directly from residents that they enjoy bus trips out and trips to the park but would very much enjoy more opportunities to do so. *"I like day trips to the park and St. Fagans".* There are insufficient opportunities for residents to participate in activities and outings; doing things that matter to them.

However, we found that whilst people mentioned improvements they would like to see to their home and daily lives, we received the following commendations:

- "*I like living here*",
- "*staff are very good",*
- *"everything is satisfactory thanks",*
- *"I am very lucky to be here. We are very well looked after",*
- *"….says he is satisfied" and*
- *"extremely pleased with all aspects of the care and attention given so far".*

This indicates that people are happy and content living at Hillcroft Care Home.

2. Care and Support

Summary

Staff have an awareness of residents' individual needs and are knowledgeable about the residents they support. However, the documentation required to support safe and consistent care was found to be unclear; care files did not detail residents' needs in full and lacked risk assessments. Care documentation is not person centred and did not include details of how individuals wish their care to be carried out. People are at risk of not receiving safe and consistent care as staff do not have clear, accurate and comprehensive written guidance. Medication is administered appropriately and medication records are completed correctly. Deprivation of liberty safeguards (DOLs) are being appropriately sought.

Our findings

Staff are welcoming, caring and knowledgeable about people's needs. A relative spoke with us about the pre-assessment process the manager had undertaken and spoke very highly of the attention to detail for planning their relative's admission. We observed warm and positive exchanges between staff and residents throughout the inspection period and we observed positive interactions during our SOFI observation completed over the lunchtime period. We received complimentary comments and expressions of appreciation for the care and attention staff showed to residents. The service had conducted a residents' survey. 15 completed questionnaires were returned from 22 which were distributed. These detailed positive remarks about the care and support given by staff. From details recorded on the questionnaires we received from residents and their representatives, all commented that the majority of staff always treated them with courtesy and respect. One person indicated on their questionnaire however that not all staff were always respectful. This, plus information detailed in the section above, indicates that the majority of people using the service are happy with the support they receive from staff.

Staff do not always have access to comprehensive documentation that informs them about residents and their needs. We identified a lack of comprehensive care plans, risk assessments and reviews of these key documents which provide guidance for staff on how to care for each resident. We reviewed a number of resident care files which demonstrated that care plans did not always contain the necessary advice and guidance for staff as to how they should assist people. Also care plans were not updated when peoples' needs changed nor did they take account of risk assessments that had been completed. People were not involved in determining the content of their care plans so important information about their wishes and preferences was not always apparent. Therefore, care plans were not person-centred; they lacked detail about the person and their social/life history. Food and fluid charts were in place but it was not always clear why. When they were in place, few had been totalled on a daily basis and none had been totalled over the period of a week. The legal requirements in relation to care documentation are not being met.

Medication administration is carried out appropriately and safely. We found the administration of medication was well managed. We found no gaps on the medication administration record; all medication had been signed for when administered to residents by staff. We saw that correct coding systems had been used on the records and PRN (when needed) medication was also noted on the record when it had been given to residents. However, not all

medication was appropriately stored; this is because we found ‘Fortisip’, prescribed food supplements stored on a shelf in an unlocked cupboard situated off the communal dining area.

Deprivation of Liberty Safeguarding referrals (DoLS) are being appropriately made. We examined DoLS referral documentation and found that applications had been submitted to the Local Authority for people whose freedom is restricted. This indicates that legal safeguards are in place for staff working with people who’s insight and understanding of their needs and environment is restricted.

3. Environment

Summary

Residents enjoy a reasonably well maintained environment. The home is decorated and maintained to a reasonable standard, some areas having better presentation and safety than others. Bedrooms are mostly personalised to the individual resident's choice and have the expected pieces of furniture therein. The home has a garden area but has a number of items stored which may cause hazards. The home is clean and mostly free from malodour.

Our findings

Communal spaces and private rooms are available to residents. We saw that the home was clean and in the main free from malodours. During our visit we saw cleaning and maintenance staff in attendance. A number of bedrooms have an en suite room with a toilet and wash hand basin; this offers residents a greater degree of privacy than using communal facilities. In order to bathe/shower, residents use communal bathrooms / shower rooms. One shower room was very small, without windows and was poorly ventilated; a ramp up to the shower was 'wobbly' and requires stabilising to ensure safety for residents and staff. We spoke with a number of residents in their rooms which contained personal items. The décor and furnishings in the home were of a reasonable standard. One person told us they would like a room "*make over*" as they felt the decoration was no longer to their taste and items of furniture we '*tired*'. People are afforded some privacy and choices with regard to their living environment however better provision could be made for their safety.

People's safety is not always maintained. We found a number of areas throughout the home where people's safety is compromised. Further information about our findings can be found in section five of this report.

There are some systems in place to protect residents' safety for example, safety from intruders, PAT testing had been completed for all residents' rooms and window restrictors were found to be in place. We found the entrance to the home was secure. The home is accessed by gaining staff attention using the door bell and visitors are required to sign the visitor book on entering and leaving the home. We saw confidential files including care and staff files were stored in lockable cupboards however these were not always secured. There are some systems in place to protect people's safety however their right to privacy could be better respected with their personal information being kept in a more secure environment.

The original CSSIW registration certificate was seen to be displayed in the manager's office with a photocopy on public display. The registered provider is reminded of the requirement to keep the issued certificate of registration affixed in a conspicuous place in the home.

4. Leadership and Management

Summary

There is a management structure in place however the home has operated without a manager registered with CSSIW since February 2015. Staff are positive about the support provided by the appointed manager and deputy manager. There are systems in place for assessing the quality of the service provided but these could be improved. People using the service, their representatives and staff are now consulted about their care experiences and the quality of service provided. Quality monitoring visits are conducted. All incidents are reported to the appropriate authority as is legally required. The care staff do not always receive regular supervision and require further training to meet the mandatory training requirements for care workers. Recruitment procedures are in place but are not always followed to ensure staff are fit and competent to carry out their role.

Our findings

Hillcroft offers continuity of care from a permanent team of care staff. During the inspection we considered there to be sufficient staff available to assist people with their needs. This was also reflected on the staff rotas we sampled which evidenced sufficient staff numbers for each shift. Staff we spoke with were enthusiastic about their work and commented how they felt they worked within a good, supportive staff team. The home has a low staff turnover. People benefit from a service where staff are familiar to them and who are knowledgeable about their needs.

The service has a statement of purpose document which set outs what the home aims to provide and how. This document had been updated and included most of the required information however some further amendments are required to meet legal requirements.

During the inspection, we examined the notifiable incidents folder and saw that CSSIW were notified of incidents as necessary. The service had a system for monitoring quality which took into account of the views of residents and staff members. We saw reports detailing visits to the home by the responsible person. The reports captured peoples' views of the care home including examples of how people feel about the care provided, the staff and the management. Actions for improvements were however not identified therefore quality monitoring reports require development to capture how people's views will inform change and ongoing service improvement. Of significant relevance was a staff comment which recorded: the *"constant change of managers leaves unsettled future and dip in morale".* However, staff also commented that they felt able to approach managers with any issues and expressed how they felt supported by their managers. Overall people are able to contribute to the service's evaluation process however further consideration should be given to how quality monitoring systems demonstrates the responsible persons commitment to providing a quality service.

People are not always cared for by staff who have been safely and robustly recruited, regularly supervised and adequately trained for their roles. We reviewed six staff personnel files during this inspection. From this review we found deficiencies in recruitment practices. We identified that the home was not meeting legal requirements in relation to recruitment and as a consequence people so not always benefit from care delivered by safely recruited staff. Further details can be found in section 5 and in the non compliance section at the end of this report.

Whilst some training, including mandatory training had been completed, there were deficiencies in the completion of all mandatory training for all staff. Where some of the mandatory training had been completed, it was not always done prior to the staff member commencing their employment. A training matrix was provided and examined. This provided an overview of the training completed. We saw a number of staff were not recorded as having received training in moving and handling, safeguarding, food hygiene and first aid. We were advised by the appointed manager that training sessions covering safeguarding, dementia, challenging behaviour, fire safety, infection control and person centred care practices had been booked for 6–7 staff members to attend early June 2017.

We saw evidence of staff supervisions however supervision sessions were not always held at regular intervals. We discussed the lack of supervision with the appointed manager and asked how any issues or concerns were addressed with staff. We were told the manager had no knowledge of the unhappiness of residents regarding one staff member as referred to above. We queried the overall observation of care practices and awareness of residents' wellbeing. We were advised this would be more closely monitored and regular supervision would be instigated; supervision sessions were noted to be planned for a number of staff on the day following our inspection. However people do not benefit from a service where staff are safely recruited and well supervised. The home was not meeting legal requirements in relation to recruitment, training and supervision of staff. People therefore do not benefit from safe, quality care delivered by people who are appropriately recruited and supported with training and supervision.

People's safety and personal property is not as well protected as it could be. Although the home has safe practices for receiving visitors, including use of a main locked entrance and exit, request for verification of identify and signing in a visitor book, we also found people's property was not stored securely. We reviewed the service's safeguarding policy and discussed details of an adult safeguarding hearing and were concerned about the systems and practices that continued to be in place to store people's personal property. Residents of Hillcroft and their property are therefore not as safe as they could be. We found that the home was not meeting its legal requirements in relation to these matters. Further information about our findings can be found in section five.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- The registered person were found to be in breach Section 11 of the Care Standards Act (2000) as there was not a manger in post who was registered with CSSIW. This breach remains following this inspection.
- The registered person was not compliant with the following Care Homes (Wales) Regulations 2002:
  - Regulation 19(2) (d): because not all information and documents listed on Schedule 2 were available in respect of people working at the home. A non compliance notice has been issued following this inspection.
  - Regulation 4 (1) (c): because the Statement of Purpose did not contain information relating to all matters listed in Schedule 1. This issue remains following this inspection.
  - Regulation 27 (4) (a): because the opinion of residents and their representatives and persons working at the home were not sought during visits by the registered provider. This area of non compliance has been satisfied.

5.2 Areas of non compliance identified at this inspection

At this inspection the following 10 areas of non compliance were identified and four non compliance notices have been issued. Details of the non compliance notices are to be found at the end of this report.

• **A person shall not manage a care home unless he or she is fit to do so.**	**9 (1)**
• **Prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.**	**13 (6)**
• **Recruit staff in accordance with Schedule 2 paragraphs 1 to 6.**	**19 (2) (d) [i]**
• **Identify and eliminate unnecessary risks to the health and safety of service users.**	**13 (4) (c)**
• **Prepare a written plan of how a person's health and care needs are to be met following consultation with the service user / their representative.**	**15 (1)**
• **Keep the service user's care plan under review.**	**15 (2) (c)**
• **Revise the service user's care plan after consultation with the service user / their representative.**	**15 (2) (d)**

• **Ensure staff receive training appropriate to the work they perform.**	**18 (1) (c) [i]**
• **Provide appropriate staff supervision.**	**18 (2)**
• **Compile a written statement known as the Statement of purpose which meets the requirements set out in Schedule 1.**	**4 (1) (c)**

5.3 Recommendations for improvement

- store service user files securely at all times,
- remove Disclosure and Barring Service (DBS) certificates from staff files keeping a record of the certificate date, number, requesting authority and any information of relevance to the wellbeing and safety of residents and other staff members,
- attend to decorating, maintenance and suitable storage or disposal of unused items,
- hand sanitizer gels to be stored safely,
- CSSIW certificate to be displayed in a public area and
- consider the use/over use of air freshener.

6. How we undertook this inspection

This was a full inspection to consider:

- the issues identified in a concern raised with us,
- the outcome of a safeguarding referral,
- the actions taken by the service provider to achieve compliance with issues identified at our January 2017 inspection.

The breadth of the concern led us to complete a full inspection covering all four inspection themes as detailed above.
The following were used to support our findings for this report:

- review of information about the service held by CSSIW. This included the previous inspection report and records of notifiable events and concerns received since the last inspection,
- review of information shared from Cardiff Local Authority commissioning and safeguarding teams,
- discussions with people using the service and their families/representatives,
- observations of care practices and interactions between staff and residents,
- review of questionnaires received from three people who live at the home, two people who represent people living at the home and two members of staff,
- the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI tool enables inspectors to observe and record care to help us to understand the experiences of people who are receiving a care service.
- discussions with the appointed manager and care staff,
- review of a sample of residents' care documentation,
- review of a sample of staff personnel files,
- review of the staff training and supervision records,
- examination of the quality assurance (QA) report which included resident/relative and staff quality feedback,
- consideration of the arrangements to review the quality of care provided including the home's complaint's file and accident and incident records,
- review of a sample of the home's policies and procedures including the 'Safeguarding service users from abuse' policy D23,
- review of the home's statement of purpose document,
- review of The Regulatory Reform (Fire Safety) Order notice dated 16 May 2017, received following our inspection,
- examination of staff rotas for an eleven day period and
- observation of the home environment.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	**Adult Care Home - Older**
Registered Person	**Farrington Care Homes Ltd**
Registered Manager	**No Registered Manager**
Registered maximum number of places	**25**
Date of previous CSSIW inspection	**05/01/2017**
Date of this Inspection visit	**09/05/2017**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	**No**
Additional Information:	

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

Hillcroft Residential Care Home

Cardiff

Well-being
Care and Support
Leadership and Management

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
Staff files should contain information and documentation including pre-employment checks as detailed in Schedule 2.	30/06/2017	19 (2) (d) [i]
Service users are prevented from being harmed or suffering abuse or being placed at risk of harm or abuse.	31/05/2017	13 (6)
Unnecessary risks to health and safety should be identified and eliminated.	31/05/2017	13 (4) (c)
Appoint a manager who is fit to manage a care home as set out in the Regulations.	24/07/2017	9 (1)

The registered provider is not compliant with regulation 19 (2) (d) [i] of the Care Homes (Wales) Regulations 2002. This is because the registered provider has failed to ensure all staff employed within the home have been suitably vetted to eliminate risks to and therefore fully safeguard service users.

Evidence:
We reviewed six staff personnel files. The files did not include all the required pre-employment information as listed in Schedule 2: references were not always obtained, there were unexplained gaps in staff members' employment histories, photographs were not on file, identification details were not always present and Disclosure and Barring Service (DBS) checks were not always completed correctly. We identified the following:

- File A
  - a DBS check had been completed by a previous employer and we were advised an application to the DBS had not been made by Farrington Care Homes Ltd.,
  - details on the DBS check had not been discussed and risk assessed with the employee,
  - previous employment in a care setting was not listed on the person's application form,
  - a reference had not therefore been sourced from this person's last place of employment,
  - the source of one reference was unclear and

- no records of the discussions the manager told us she had had with this employee were evident on file.

We saw no evidence that this information was subject to any assessment by the registered person to evaluate whether or not there were any risks to service users from employing this person.

- File B
  - no photographic identification was available on this file,
  - no application form was evident on this file and
  - no employment history was documented on this person's file.
- File C
  - no photographic identification was available on this file and
  - only one reference was on file.
- File D
  - there was no record of a DBS check having been completed,
  - only one form of personal identification was available on this file and
  - gaps were present in this persons documented employment history and no written explanation of the gaps was available on file.
- File E
  - a DBS check completed by a previous employer was on file, we did not find any documentation relating to a DBS check having been completed by Farrington Care Homes Ltd.,
  - previous employment in a care setting was not listed on the person's application form,
  - only one form of personal identification was available on this file,
  - no photographic identification was available on this file and
  - only one reference was on file.
- File F
  - no references were on file for this employee and
  - no recent/up to date photographic identification was available on this file.

We saw no evidence that the available information had been evaluated or that the lack of required information had been considered in respect of any risk that may be posed by these staff members to residents. Failures to ensure that people are fit to work within a care home places vulnerable people at risk of harm or abuse. It also indicates failings in managerial oversight.

The impact on people using the service is they are not safeguarded by recruitment processes and checks - there are risks to their safety and the security of their property.

The registered provider is not compliant with regulation 13 (6). This is because the registered person has not made suitable arrangements, by training staff or by other measures, to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.

Evidence:

- We requested a copy of the service's financial handling policy – this was not received.
- Information concerning the actions agreed from a Local Authority Adult Protection strategy meeting attended by the manager was not available; the manager was unable to provide any details of the outcome of social work reviews of local authority funded residents. The reviews were to be convened to identify any risks to residents of inappropriate financial management.
- The outcome of the social work review of the resident subject to the safeguarding hearing was not known by the manager and no documentation was available.
- It was initially unclear where a resident's' financial details were stored, when located it was unclear what documents were current.
- Valuable items had been deposited with the manager for safe keeping however we were not satisfied that these items were stored securely. No documentation was available regarding the items being stored and we understood that no receipt had been provided to the resident or their family. A dated, hand written list was the only document available and at the time of inspection, this did not identify by name which resident the items belonged to.
- We reviewed a record of training delivered to staff and saw that adult protection training was listed as mandatory training for staff. However, we also saw that 11 staff members were listed as not having received this training. This should be completed by staff prior to commencing their employment. Additionally the training matrix detailed the training to be entitled 'SOVA' which relates to adult safeguarding procedures in England. Adult safeguarding training must be completed in accordance with Welsh adult safeguarding legislation, policies and procedures.
- Non compliance with Regulation 19 (2) (d) as detailed above – poor recruitment practices compromise residents' safety and place them at unnecessary risk of harm or abuse.
- The home is not operating safe systems in accordance with the service's 'safeguarding service users from abuse' policy or the Staff Handbook.

The impact on people using the service is that they are at unnecessary risk of harm and abuse and specifically; they are not adequately safeguarded against the risk of financial abuse.

The registered provider is not compliant with regulation 13 (4) (c). This is because the registered person has failed to ensure that unnecessary risks to the health and safety of service users are identified and so far as possible eliminated.

Evidence:
During the inspection we saw:

- a record of training delivered to staff and saw that 'fire marshal' and 'fire safety evacuation sledge' training was listed. Fire safety training is mandatory training for staff. However, we also saw that eight staff members had not received 'fire marshal'

or ‘fire evacuation sledge’ training. Fire safety training should be completed by staff prior to commencing their employment,

- loose cords from roller blinds at windows and at a door which was a fire exit,
- a waste bin positioned in front of a fire exit
- loose stair carpet,
- hand sanitizer gel on window sills in the dining area,
- a raised area of flooring without hazard type tape used to attract attention to the uneven floor,
- a rail on a stairway which protruded on to the stair,
- air freshener spray was used in the home to a degree that we felt was excessive. We overheard a resident comment to a staff member about freshener being sprayed again “*better not be spraying down here*”.
- ‘Fortisip’ type medication which was not stored securely, and
- disused / surplus items were stored in the garden area and in an upstairs fire exit area.

Following our inspection we received a copy of the service’s Regulatory Reform (Fire Safety) Order 2005 notice from South Wales Fire and Rescue Service dated 16 May 2017. This detailed seven areas of failure to comply with the fire safety articles including:

- the fire risk assessment is not suitable and sufficient,
- the fire detection system is inadequate for the type and use of the premises,
- the provision in respect of fire resisting doors is not adequate,
- routes to emergency exits from premises and the exits themselves must be kept clear and available for use at all times,
- sufficient evacuation procedures are not established,
- structural fire precautions are not maintained and
- inadequate fire safety training for employees.

These items pose a risk to the health and safety of residents, particularly residents with dementia care needs, mobility and visual difficulties. Additionally, the use of air freshener caused concern with consideration of residents, staff or visitors who may have any breathing difficulties or allergies.

The impact on people using the service is they are at unnecessary risk to their health, safety and wellbeing.

The registered provider is not compliant with regulation 9(1). This is because the service does not have a manager in post who is able to be registered with CSSIW.

Evidence:

- Our records saw that whilst appointed managers have been periodically in place, there has not been a manager in post who has been registered with CSSIW since February 2015.

The impact on people using the service is they are at risk of receiving poor quality care in which their health, safety and wellbeing is compromised, which can place them at risk of harm or abuse.