Hill Care 3 Limited

Broadacres Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 28 November 2017 and was unannounced, which means no-one connected to the home knew we were visiting the home that day. This was the first inspection since the home was registered under the new provider in May 2017. We carried out the inspection earlier than planned due to concerns raised by relatives. However, we found improvements had been made and people were generally happy with the service provided.

Broadacres Care Home is a 50 bed residential care home for older people, including those living with dementia. It is in the Parkgate area, close to the centre of Rotherham. The home provides accommodation on two floors. The upstairs unit is known as Rosehill and the downstairs unit is known as Clifton. At the time of our inspection there were 23 people using the service.

The service did not have a registered manager in post at the time of our inspection as they had left the service. 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. However, the registered provider had appointed an experience temporary manager to oversee the home until a new manager could be recruited.

Throughout our inspection we saw staff supporting people in a caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said that overall they were happy with the way the home was currently managed.

The majority of people told us they felt the home was a safe place for people to live. Assessments identified potential risks to people, and management plans were in place to reduce these risks. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Overall the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Medication administration was being safely managed, but the medication storage arrangements were under review due to lack of space and facilities.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.
We found there was a lack of evidence to show staff had completed a structured induction into the home. Essential staff training had been provided, but not all staff had completed initial or refresher training in a

timely manner. There was also a lack of evidence that staff support sessions had been regularly provided in line with the registered provider's expectations.

The registered provider had suitable arrangements in place that ensured people received good nutrition and hydration. Care files identified any specific dietary needs people had, and staff were knowledgeable about each person's individual preferences and needs.

Complaints and concerns had been managed in line with the company policy, which was displayed in the home. Complaints received had been recorded and investigated appropriately. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns.

People spoke positively about the management team. There were systems in place for monitoring the quality of the service provided and highlighting areas for improvement. We found the manager and staff team listened to and learnt from the feedback of others, which helped to make changes to improve the service.

During our 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and there were sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medication safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not always received essential training and support in a timely manner.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were met.

Suitable arrangements were in place to ensure people received good nutrition and hydration.

Is the service caring?

Good

The service was caring.

People were treated with kindness' and understanding by staff who were caring and considerate. They spoke to people in an inclusive way, while respecting their privacy and dignity.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

Is the service responsive?

Good

The service was responsive.

People were being involved in developing care plans that told

staff how to meet their needs and preferences.

People had access to an in-house activities programme which provided variety and stimulation.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager in post, but a temporary manager was overseeing the day to day running of the home and facilitating improvements at the home.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There were systems in place to enable people who used the service, and staff, to share their opinion of the service provided, but these needed embedding into practice.

Broadacres Care Home

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 checked whether the registered 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.

The inspection took place on the 28 November 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection visit we toured the premises and spoke with four people who used the service and five relatives. We also spoke with the acting manager, the cook, the activities coordinator and two care staff. The regional manager was also present for most of the visit and when we gave feedback at the end of the day.

We also used the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records belonging to four people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, four staff recruitment files and training records. We also reviewed quality and monitoring checks carried out by the home's management team and how any complaints had been managed.

Good

Is the service safe?

Our findings

Overall, the people we spoke with at Broadacres told us that they felt safe living at the home. One relative said, "I'm so glad we've found a good care home, he's safe here you see, it's the care he gets that keeps him safe, especially now he's not able to walk." However, another relative's comments were less positive with regard to the safety of their family member. They told us, "She's safe to a degree, I'm not saying she's neglected, but I've visited and been sat in this lounge with her and the other residents for well over an hour and not a single member of staff has been anywhere near. How can that be safe? Anything could be happening in here." However, the person we spoke with did not give any examples of how this had affected people.

On the day of our visit our observation indicated there were sufficient staff on duty to meet the needs of people living at Broadacres. In general, the people we spoke with said they agreed there were enough staff on duty to support people. People we spoke with said they did not notice any difference in the availability of staff at weekends or in the evenings, as opposed to day times. However, one relative told us, "The last time I came there weren't enough staff around. This guy appeared and I asked if he was visiting, but he said he'd come to help out as they were short staffed." They added, "My [family member] is really safe here though and really loves it. The staff have always got a good and pleasant word to say when I visit and are always checking on my [family member] to make sure she's alright cos they know she's got no-one else."

Staff we spoke with agreed that most of the time there were enough staff available to meet people's needs at that time, as there was only 23 people being supported. However, they said if staffing numbers fell for any reason, or new people were admitted, they would find it difficult to make sure people's needs were fully met. The manager told us some staff had left following the change of ownership of the home, but new staff had, or were being recruited. In the meantime agency staff were being used to fill any gaps. The local authority told us they had recently visited the home to look at staffing levels and found them to be satisfactory.

The registered provider had policies and procedures about keeping people safe from abuse and reporting any concerns appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Staff said they had received training in this subject and were also aware of the company's whistleblowing policy.

People's comments, and our observations, demonstrated staff had a good understanding of people's needs and how to keep them safe. The manager told us she was reviewing and rewriting people's care plans and risk assessments, to ensure they identified potential risks associated with people's care and provided clear guidance to staff on how to reduce these risks. We saw specific risk assessments and guidance was in place for people who were at risk in areas such as moving people safely, choking and falls.

Medication was managed safely, with senior care workers taking responsibility for administering medicines. A senior care worker described the system used to record all medicines going in and out of the home. This included a safe way of disposing of medication no longer needed. We found this to be robust. One person

told us, "They sort all my tablets out for me and make sure that I take them when I'm supposed to, I can't fault them."

Records sampled demonstrated that on the whole staff were following the home's medication procedures. However, we noted a few gaps where staff had failed to sign the Medication Administration Record [MAR]. These were recording errors and people had received their medication correctly. We saw the manager had highlighted these in her medication audit and was taking action to ensure staff fully completed all records. We found controlled drugs [CDs] which required additional storage under the Misuse of Drugs Act 1971 were stored safely. We checked the CD register against the actual drugs stored in the cabinet and found these tallied.

We saw protocols were in place for medicines 'to be given when required' [also known as PRN medicines]. They contained satisfactory information about what the medicine was for and when they should be given, but we discussed the benefits of adding further information to make the guidance even clearer with the manager.

The room where medication was stored was small and as the new stock had just arrived, the space was even more reduced. We also noted there was no handwashing facility in the room. The management team told us they were looking to relocate medication to a bigger room, with the necessary facilities. Staff told us the temperature of the room where medication was stored had been routinely checked to make sure it was not too warm or too cold to store medication. However, the senior care worker could not locate the chart she said she had completed each day. We also noted that the thermometers used did not record the average maximum and minimum temperatures over a 24 hour period, which would have made monitoring more robust.

Medication was administered by staff who had completed training in this topic, which included periodic competency observational checks. The manager had completed medication audits to highlight and areas of improvement needed.

We saw the manager was monitoring and analysing information collated about people at risk of falls, incidents and accidents. She told us this information was then used to look for themes and patterns, so they could try to minimise the risk of reoccurrences. The outcomes of these were submitted to the regional manager each month and shared with staff at governance meetings. She had also given staff copies of key policies, such as the accident and incident policy, to raise awareness of the correct procedures to follow.

There was a robust staff recruitment system which included pre-employment checks being undertaken prior to candidates commencing employment, for instance, obtaining at least two written references and a satisfactory police check. These checks were aimed to help reduce the risk of the registered provider employing someone who may be a risk to vulnerable adults.

Overall we found the home was clean and suitable for the people who used the service. There were no unpleasant odours present and we did not see any damaged or unsuitable furniture or equipment. Bathrooms and toilet areas were clean and tidy. Staff were observed to wash their hands at appropriate times and personal protective equipment [PPE], hand hygiene signs and liquid soap were available. This meant people were protected from the risk of acquired infections.

During the visit no environmental risks were observed in the areas being routinely used by the people living at Broadacres, and the people we spoke with commented on the environment as part of their process in choosing the care home. For instance one relative told us, "When we were looking for a place we looked at

others and part of what we looked at were three things, the location, the friendliness and approach of the staff and 'that smell'. This place doesn't have 'that smell'."

While touring the home we saw the downstairs sluice room was cluttered with a bike, a hoover, and other equipment that should not have been stored there as it meant staff did not have easy access to the sluicing equipment. We spoke with the manager about this and she said this was not normal practice. After speaking with staff she said it was due to a storeroom being emptied that day. Before we left the home we saw the room had been cleared and was fit for purpose.

Requires Improvement

Is the service effective?

Our findings

People we spoke with spoke positively about the meals provided. We observed the lunchtime meal being served in one of the two dining rooms at Broadacres. A hot lunch was served direct from the kitchen which was just off the dining room, and a hot trolley was sent upstairs to provide lunch for the second dining room. Some people had also chosen to eat in their rooms.

Menus were displayed on a menu board in the dining room. Two menu options were available and although there did not seem to be a system in place to pre-order meals, staff asked each person what their choice was. We also saw people could change the meal if for some reason what was chosen did not suit them.

We saw staff routinely engaging with people in a positive manner, ensuring that they were at eye-level with the person they were speaking with and calling them by name. They also explained any actions they were going to take before taking them. However, we did note that one person was sat alone and it was 20 minutes before a member of the care team noticed and went across to ask what she wanted, then very quickly brought a meal for her. This member of staff then sat with the person for the remainder of lunch.

People were offered hot drinks at the start of the meal. These were provided in fairly heavy ceramic mugs that some people seemed to have difficulty holding. A relative commented that they were heavy for some people to manage, which could lead to spills. We spoke with the management team about this and they said they would look into it. We saw people were offered drinks at mealtimes and periodically throughout our visit, although these were usually hot drinks, as opposed to having the option of a soft drink or water.

The cook on duty demonstrated a satisfactory knowledge about meeting people's different dietary need and providing fortified meals, smoothies and drinks when people were at risk due to weight loss. She told us there was a four weekly company menu, that people living at the home had been involved in developing to meet their particular preferences.

Care plans and risk assessments were in place to guide staff about supporting people to eat and drink the correct diet. Where people had meals prepared in different textures, for example pureed or fork mashable, these were provided.

When people were assessed as at risk of poor nutrition or dehydration a nutritional screening tool was in place which highlighted areas of risk. Where needed, healthcare professionals such as speech and language therapists and dieticians had been involved, and their guidance was incorporated into people's care plans. We also saw where necessary monitoring charts had been used to record and assess people's food and fluid intake. People were weighed regularly and staff monitored any weight changes.

Records showed people were supported to maintain good health. This included accessing external healthcare services when required, such as GPs, district nurses and chiropodists. This was confirmed by the relatives we talked with, who also spoke in extremely positive terms about their family member's transition from another setting to Broadacres.

Not all staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training, but plans were in place for this training to take place in January. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was following correct processes for applying for DoLS. The management team told us 10 DoLS applications had been submitted to the local authority between July and November 2017, but they were waiting for decisions on these. We looked at care plans in relation to consent and capacity and found overall they highlighted where people could make decisions and the type of decisions they were able to be involved in. The management team had a good understanding of when best interest meetings would be required, who would be involved in these and how they needed to be recorded.

People living at the service, and the relatives we spoke with told us people were well looked after. We saw people were supported by staff who were confident in their role and understood their responsibilities. A relative told us, "Like I said before, they're not qualified nurses, but they're certainly qualified to care."

The manager told us new staff received a two day initial induction to the company, followed by essential training and shadowing of experienced care workers to enhance their knowledge and check their competency. Although staff told us they had received an induction the management team could not provide any evidence to show this had been completed for recently recruited staff.

The staff training matrix showed some staff had completed training in line with company expectations, while other staff required initial or refresher training. The management team told us manual handling training was taking place in December and training in safeguarding people, infection Control and fire safety had been requested from the organisations training officer for January 2018. However, training needed to be arranged for other topics. We were told this was on-going.

Systems to support and develop staff were in place which included periodic supervision meetings with their line manager. Some staff told us they had received support sessions, while other staff said they had not received a one to one support session for a long time. The management team could not show us evidence to demonstrate regular support sessions had been carried out in line with their policy. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [Staffing].

Generally we saw different areas of the home had or were being redecorated. The management team told us all occupied rooms and some communal areas had been redecorated and work had started on redecoration and refurbishing empty rooms. They said plans were also in place for further improvements to the environment, such as a new roof on the conservatory. Some new furnishings had been purchased for communal areas and equipment such as a new dishwasher, a mixer and a liquidizer in the kitchen.

Good

Is the service caring?

Our findings

The people we spoke to told us Broadacres had a very caring environment. One person was very positive in their comments about the caring nature of the care team. They added, "I can't praise them enough, they're very caring to me, they can't do enough for you."

During the visit we saw staff interacting in an unforced and relaxed way with people. A relative told us, "This is what it's like all the time, they're not being like this just cos you're here, they're always so caring and kind with all the people here, that's why I'm so glad [family member] is here. It was a horrible decision to have to make to have him come into a home, but I know he's well cared for here."

One person using the service told us they were always treated with respect by staff and they believed they could exercise choice with regard to the gender of the care worker who supported them. Another person confirmed this saying, "There's two or three male carers and I could be looked after by a females only, but I'm not the least bit bothered."

People were supported to keep in touch with their families and friends. One relative told us, "I visit every other day, and he [family member] has a mobile phone so we speak every day. They've said I can stay at Christmas, and I stayed here last Christmas. They really take care to make sure we're looked after and everything is alright."

People we spoke with told us they could visit freely and all relatives said they had visiting patterns that suited theirs and their family member's needs. To enable people to eat their meals in a calm environment Broadacres operates a system of protected mealtimes. We saw notices displayed in the home asking that visits be avoided, where possible, during these periods. One relative told us, "I used to go in [to the dining room] with my [family member], but since they've stopped the lunchtime visiting I don't." We shared this with the management team who said if there was a reason for visits being at mealtimes, and they did not disrupt people while they were eating, there was no objection to individual people having a visitor. For instance, if they were visiting the person to encourage them to eat or they intended to eat with them.

We spent time observing the interactions between staff and people who used the service and saw staff were caring, kind, patient and respectful to people, and people were relaxed in their company. Staff communicated with people very well, and when necessary spoke with them by bending down to their eye level to communicate with them more effectively.

Throughout the day we saw staff maintained people's dignity by knocking on people's doors before entering their room and speaking to them quietly about sensitive subjects, so they could not be overheard. We also saw when anyone required the toilet they were supported in a sensitive and respectful manner. Staff told us they ensured doors and curtains were closed when personal care was being provided. One care worker told us, "I speak quietly to people or take them into another room and close the door [if they required privacy]."

People were given choice. For instance, they chose where they spent their time, with some people choosing

to stay in their rooms while others sat in communal areas. Staff said they offered people choice in areas such as the food they ate and the clothes they wanted to wear and if they wanted a bath or a shower. One care worker told us, "If they [people living at the home] want to get up they do, if they are fast asleep I leave them, or I ask if they want to get up or have another 10 minutes to wake up."

Staff told us they encouraged people to be as independent as they were able to be. When we asked why they did this, one care worker said, "It boosts their confidence and they might try to do a bit more each day."

A poster in the reception area told people about Christian religious services that took place at the home on a regular basis. Staff said this met the needs of the people currently living at the home.

People were provided with information about how the home operated, such as the complaints procedure. The manager told us she had an open door policy regarding people coming to talk to her.

Good

Is the service responsive?

Our findings

The people we spoke with thought the service was responsive to their needs. A relative told us about how there had been a vast and obvious improvement in their family member in the short time they had lived at the home. They added, "She's come on in leaps and bounds. The change has been so noticeable and she looks so much better, she just wasn't safe before [at home] and certainly couldn't manage." Another relative told us "When [relative] was in hospital they were just interested in treating the illness, here they care for the person and meet their full needs."

Each person had a care file which contained information about their care needs and any risk associated with their care. We saw an initial assessment of people's needs had been carried out prior to them moving into the home. Where possible the person and their relatives, if applicable, had been involved in these assessments.

We found care and treatment was planned and delivered in line with people's individual care plan. The manager told us while transferring care plans onto the new company paperwork she was reviewing each person's care needs and updating care documents as needed. In general care files contained the required information about people's needs and provided guidance to staff on how to meet these needs. We found the new plans completed by the manager were more person centred and provided staff with better information and additional guidance. The manager told us she was prioritising getting all care files up to the standard of the ones she had already completed.

In one plan we looked at there was a detailed manual handling plan for someone who was using a hoist to transfer. This provided excellent information about the type of hoist and sling to be used, but we saw gaps had been left to enter the configuration the sling loops needed to be in to safely move the person. The manager told us they needed to consult with the member of staff responsible for manual handling. Before we left the home the manager had discussed this topic with the staff member and the missing details had been added to the plan. Throughout the inspection we saw staff moved people in a safe and appropriate manner.

Files also contained daily notes which detailed how each person had been that day, visits from healthcare professionals and any changes in their wellbeing. However, we saw staff had not always commented on the personal care provided, such as washing and dressing. Daily handovers and care notes ensured new information was passed on at the start of each shift. This meant staff knew how people were each day and any areas that needed to be followed up.

We spoke with the activities co-ordinator who had recently been employed to facilitate social activities and stimulation at the home. They showed us some Christmas crafts people had been making and discussed their activities plans for the future. The programme for the week prior to our visit had included, pampering sessions, board games, films, sing-a-longs and arts and crafts. We saw they had also made time for one to one chats with people. She told us she had also looked into developing a library and a reminiscence area.

Most of the people we spoke with knew about the appointment of the new activities coordinator and were looking forward to this role boosting the options available to the people living at Broadacres. We saw posters advertising a craft group, weekly armchair exercise classes and an outside entertainer visiting the home. One relative told us, "There always seems to be plenty for my [family member] to get involved in and to do, she especially likes the singers when they come in." They went on to talk about a group of children visiting the home to sing to people, They said their family member 'got a boost' from the different music played, as music was a big part of their life. However, another relative said they thought there was more that could be done with regard to activities. They added, "I understand that this new girl has started to do activities and I really hope she gets something going because it's a bit dire. I'm told she's only got a budget of £50 a month. What's she going to do with that?"

The registered provider had a complaints procedure which was displayed in the home. People we spoke with did not have a full understanding of the organisations complaints policy, but knew how to complain if they needed to. One person told us, "If I was concerned, I'd tell one of the girls [care staff]." A relative commented, "I don't know about the complaints policy, but I know I can talk to the manager and also the young woman in the admin office has been really helpful too." Another relative said, "I do know how to complain, and I have had to complain on my [family member's] behalf. I went straight to the office and sorted it. We did get an apology."

The service maintained a log of each complaint received. Information we saw showed the management team had followed the company's policy. Complaints had been investigated and if necessary action had been taken to resolve the concerns raised. For instance, records demonstrated that a complaint we had been told about had been looked into and a full response had been sent to the complainant outlining the outcome.

Requires Improvement

Is the service well-led?

Our findings

At the time of out inspection the service did not have a registered manager in post. However, the registered provider had appointed an experience temporary manager to oversee the home until a new manager could be recruited. They were being supported by the regional manager who told us they were currently interviewing potential managers.

The people we spoke with thought that Broadacres was well-led. Some of the people we spoke with knew the new manager by name and also spoke positively of the administrator. People expressed confidence in the new management arrangements, and those with a longstanding relationship with the home told us that they could see improvements in the environment. One person said, "They're always decorating now, it's a vast improvement." This was reflected in our observations. The regional manager told us the company was also looking at replacing the heating system in the near future. Staff were also complimentary about the management team and the improvements made.

People could not remember if they had taken part in any surveys by the registered provider or attended any meetings held at Broadacres. We discussed this with the regional manager who said questionnaires should have been sent out to people in the summer, but with the changes in the management team this had not been carried out. She said they planned to complete a survey in the coming month. We were also told a 'resident/relatives meeting' had been arranged in July, but no-one had attended. This was an area the management team said they would like to improve.

The regional manager told us the company had undertaken a staff survey when they took over the home in May 2017. She said a summary of the outcome should have been put up in the staff room at the time, but could not show us the summary. Staff said they enjoyed working at the home. One care worker told us, "It's a chilled out staff team that works together doing things the way they should be done, not just getting the job done." They added, "I feel things are getting done," meaning improvements at the home. Another care worker said, "It's a good team here."

We saw minutes from various staff meetings held at the home. This included the catering team and senior care staff, plus a group supervision session had been held in July 2017. However, we found that although staff told us they felt supported by the management team regular staff support meetings and training had not always taken place in line with company polices.

The company had a structured audit process in place. We saw various audits had been used to make sure staff had followed company policies and procedures and the home was meeting expected standards. We sampled several completed audits, such as the general environment, food safety, fire drills and medications. These were thorough and identified areas for improvement. Where shortfalls had been found action plans had been put in place to address the areas for improvement. However, there were still areas that needed improvement and the audits and checks needed to be embedded into regular practice to ensure consistency.

In addition to the audits completed by the manager, senior managers had visited the home and completed checks on its performance. For instance, we saw the regional manager had regularly visited the home to support the manager and complete her own checks. However, these had not always highlighted shortfalls in a timely manner. For instance, there was little evidence to show staff training and support sessions had been completed in line with company expectations. However, at the time of the inspection this was being addressed.

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 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured all staff had received appropriate training and regular supervision and support to enable them to carry out the duties they were employed to perform.