Barrington House Limited

Barrington House

Inspection report

Barrington House
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Barrington House provides care for up to 26 people with learning disabilities. At the time of our inspection there were 18 people accommodated. The home cared for younger adults and older people. However, most people were over 65 or close to this age group. People's needs were varied and included support with general age related conditions. Some people had more specialist needs associated with dementia, autism and epilepsy. Although some of the people had communication difficulties and were not able to tell us their experiences, they were happy and relaxed with staff.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home and has the legal responsibility for meeting the requirements of the law; as does the provider.' Barrington House was last inspected on 4 July 2013 and there were no concerns.

Staff levels were assessed as appropriate with the exception of a period of two hours four evenings each week when there were only two staff on duty. This limited the number of activities that could be offered to people on these shifts. Two people needed support from two staff with personal care which meant that if they required support there would be no staff in the lounge to assist other people.

We observed care in the dining room at lunchtime. A lack of consistency and continuous staff presence in the dining room at lunchtime meant that for one person the mealtime experience was disjointed and was not a pleasurable experience.

The manager provided good leadership and support to the staff. Throughout our inspection, staff were positive about the home, they said there was good teamwork and they felt supported.

Staff knew how to recognise any signs of abuse and how they could report any allegations. Any risks to people's safety had been assessed and managed to minimise risks. People told us they felt safe. One person said, "I can talk to the manager if I have any worries, but the place is happy and that makes me happy. Me and the deputy manager get on so well and we all have a laugh."

Staff attended regular supervision meetings and felt well supported by the management of the home. Staff meetings were used to ensure that staff were kept up to date on the running of the home and to hear their views on day to day issues. Staff were also able to feedback their views through annual questionnaires. All staff received training to fulfil the duties of their role and more specialist training was also offered to ensure that staff met the needs of people.

Care plans were comprehensive. They had been reviewed regularly and people confirmed that staff had read the care plans to them and made sure they understood the contents. Within each person's care plan there was detailed information about how best to communicate with the person. Staff were knowledgeable about people's needs and were clearly able to explain how they made sure they understood the choices made by people with limited verbal communication skills.

People were happy with the activities provided. Records showed that people had opportunities to participate in a wide range of activities and that regular entertainment was provided at the home. Some people attended day centres and people told us that they could participate in activities that they enjoyed. For example, one person enjoyed rug making and another enjoyed baking cakes.

Staff were caring and treated people with respect and dignity and it was evident that people and staff had good relationships. Feedback from visitors to the home on the day of our inspection was positive. For example, a complimentary therapist told us that there was a, "Good community feel to the home, people always seem happy and I've never had any concerns."

There was a clear management structure and staff and people felt comfortable talking to them about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided. People and relatives were regularly consulted by the provider using surveys and meetings.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always enough staff to meet people's needs. However, the provider operated safe recruitment procedures and the relevant checks had been completed before staff worked unsupervised at the home.

Staff were clear about what to do if they suspected abuse. The provider had systems in place that regularly monitored staff were clear about the subject and the need to report any matters of concern. Management had received training on the Mental Capacity Act.

Risks to people's safety were recorded and reviewed as and when changes occurred.

Is the service effective?

Requires Improvement

The service was not always effective.

A lack of consistency and continuous staff presence in the dining room at lunchtime meant that for one person the mealtime experience was disjointed and was not a pleasurable experience.

A comprehensive training programme ensured that staff had the knowledge and skills necessary to carry out their roles. This included specialist courses to meet the individual needs of people. Staff attended regular supervision meetings and felt supported in their roles.

Menus were varied and well balanced. People told us and we observed, that they could choose alternatives if something was not to their liking. Snacks were available throughout the day if required.

Is the service caring?

Good

The service was caring.

Where possible, people had been involved in the care planning process. Care plans were personal and included detailed information about the things that were most important to the individual and how they wanted staff to support them.

Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect and dignity.

Summary of findings

Is the service responsive?
The service was responsive.

People's individual care plans provided the information staff needed to enable them to provide personalised care. People were provided with a range of suitable activities they could choose from, in accordance with their individual needs and interests.

People and their relatives knew how to complain or raise concerns at the home.

Good

Is the service well-led?
The service was well-led.

There was warm and friendly atmosphere in the home and people and staff told us that they that they were clear about what was expected of them in their various roles and felt their views were valued by management.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

Quality assurance audits were undertaken to ensure the home delivered a high level of care and shortfalls identified had been addressed.

Good

Barrington House

Detailed findings

Background to this inspection

The home was inspected by one inspector. We talked with the registered manager, the deputy manager and two staff members. We spoke with three visitors to the home, one who was a visiting healthcare worker who had carried out health assessments for people, a complimentary therapist and a 'music for health' entertainer. In addition, we spoke at length with three people, and briefly with several others in the lounge areas. We observed the delivery of care. We looked at areas of the building, including some people's bedrooms, bathrooms, lounges and the dining room.

During the inspection we spent time reviewing records in the home. These included quality assurance audits, staff recruitment and training, staff rotas and policies and procedures. We also reviewed care plans and other relevant documentation to support our findings.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. For example, all correspondence received from the home since the last inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe and that they could talk to staff if they had any worries or concerns. One person told us, "All the staff know how to use my hoist and to help me with my stand aid. I was nervous before but the manager told me how the stand aid worked and I'm not nervous now."

Staff told us that they felt there were sufficient staff levels with the exception of the period between 6pm and 8pm. During this time there were often only two staff on duty. Two people had been assessed as requiring support from two staff to assist them with their mobility. This meant that if they required support during this period there would be no staff available in the lounge to assist other people. Whilst people chose not to go out in the evenings, with only two staff on duty, staff would not have been able to offer to take anyone out. The rotas confirmed that there were sufficient staff on each shift with the exception of evenings when at least four days each week there were only two staff on duty between 6-8pm. The manager told us that a new staff member had been appointed and would start in post once satisfactory recruitment checks were completed. In the interim they would increase staff levels to ensure that there were always three staff on duty. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were clear about on-call arrangements in the evenings, at weekends and for emergencies. In addition to local on-call procedures, there were procedures in place to call external management in the event of an emergency. This demonstrated that staff had been given clear advice on how to gain support should this be necessary outside of normal office hours.

Mental capacity assessments had been completed for everyone living at Barrington House. Most people were able to make general day to day decisions. However, within some care plans there was conflicting information about people's abilities to make decisions. For example, in relation to one person, the care plan stated that the person had no capacity to make decisions. We observed the person being offered choices and making a number of decisions over the course of our inspection. A starting point with an assessment should always be to assume that the person has the capacity to make decisions unless it can be established that they lack capacity. Whilst record keeping could have been more specific in terms of each person it was evident that those who could make decisions were given opportunities to do so and when people could not make decisions a 'best interest' meeting had been held. People who had no next of kin had been referred to the local advocacy service for support. An advocate is used to provide assistance to people who do not have capacity to make decisions and to speak on their behalf where there is no next of kin actively involved in their care.

Both the manager and the deputy manager had attended training on the Deprivation of Liberty Safeguards (DoLS) in order to understand the recent ruling by the Supreme Court about restricting people's liberty. They told us that they did not feel that the training had given them a clear picture about the subject. The deputy manager confirmed that she was booked on a leadership and management course which included training on DoLS. They had also been proactive in looking at additional DoLS training that might be of benefit to them. In the interim they were aware that they had to make applications to the DoLS team for some people, had appropriate documentation to complete, and were about to start the process.

Staff were clear about their individual roles and responsibilities and told us how they would identify, prevent and report abuse. They were clear that they would speak with the manager of deputy if they even suspected abuse. Records showed that the home made referrals to the local safeguarding team when needed, and that they worked closely with the team in meeting any recommendations made to them. Staff training records confirmed that all staff had received training in safeguarding and this training was refreshed annually.

Staff knew where the policies and procedures for safeguarding and whistleblowing were located. The policies gave guidance to help staff identify and respond appropriately should concerns be identified. The provider was in the process of updating the policy and procedure manual and the updated safeguarding policy included links to all paperwork required to make a referral and to inform appropriate authorities of any possible alerts or allegations.

Staff always had up to date information about people's needs. Risk assessments had been reviewed regularly. Risk assessments were carried out whenever there was a need and as people's needs changed. For example, a moving and handling risk assessment provided detailed information for

Requires Improvement

Is the service safe?

staff about how to safely assist the person. The advice also included specific information about how the person wished to be supported. All assessments were colour coded to highlight if the person had high, medium or low support needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home. Staff files confirmed that staff had completed an application form, references were obtained and forms of identification were present. Criminal records checks had taken place. This showed us that the provider had checked that people had no record of misconduct or crimes that could affect their suitability to work with people. Regular supervision meetings were carried out to assess and monitor staff performance.

Requires Improvement

Is the service effective?

Our findings

People told us that their needs were met by the staff team. If they needed to see a doctor or specialist the manager contacted them on their behalf. They said that the food was good and they had enough to eat and drink each day. One person told us, "The food is always alright. I would say if it wasn't, it's up to me to say what I want. I'm happy with it and we get enough." We observed that people were offered a choice of drinks at regular intervals throughout the day and people told us they could have snacks if they wanted them.

We observed staff interactions with people for 30 minutes over lunch. Not everyone was given a choice of drink with their meal. However, we were told that this was because staff knew people well and knew their preferences. When one person was not drinking, staff offered an alternative drink and pointed to it and the person responded and then drank the alternative drink.

Over the lunch period staff came and went and whilst in the room they interacted with people but when they were not in the room there was silence and people did not interact with each other. This was a missed opportunity to ensure that the mealtime was a sociable event and was noticeable. Before the meal time there had been a lively atmosphere with lots of interaction between staff and people. One person's meal was on the table 12 minutes before staff prompted them to eat their meal. Over the next ten minutes three different staff prompted the person to eat at various intervals. At one point the person put their hands on their face and started to cry but there was no staff present in the room. The lack of consistency and continuous staff presence in the room meant that the mealtime experience for that person was disjointed and it was not pleasurable. We discussed our observations with the manager who said they would review mealtime support to people. We noted that once the person managed to eat a mouthful they then independently ate the remainder of their dessert and then dinner. All staff confirmed that this was how the person liked to have their meals. This was clearly documented in the daily notes but not in the person's care plan. We were told that this person was still new to the home and that staff were still getting to know them and the care plan was an evolving document.

A new menu was put in place each week based on people's wishes. Two options were available and people told us they could also make additional requests. There was information in each person's care plan about their individual dietary requirements and preferences and this information was available in the kitchen. After lunch the cook asked each person what they wanted from the supper menu. Staff told us that one person liked to have a sandwich before bedtime and this was provided. People assisted with laying and clearing the tables. We asked people if they assisted with food preparation. They said that they chose not to be involved but that some people like baking in the afternoons.

People who needed support in weight management were weighed regularly to ensure they maintained a stable weight. If there was a concern about a person's weight they were referred for dietary advice and support. Staff demonstrated an understanding of the importance of hydration and nutrition and knew to monitor for signs of dehydration and weight loss/gain. One person told us that they had chosen to be on a weight reducing diet and that staff helped them with this.

Care plans demonstrated that people's needs had been assessed and a plan of care developed to meet those needs. Detailed information was provided to support each person with all aspects of their daily living skills. For example, if people had epilepsy there were detailed guidelines on how to support the person should they have a seizure. Clear guidance was also provided to staff about how people wished to be supported, including details of their personal care needs and wishes.

Within the past year staff had worked closely with a number of healthcare professionals to assist them in meeting the changing health needs of people. For example, two people received support from a local psychiatrist who had recommended particular strategies for meeting their individual needs. They also advised staff on how to accurately record incidents. All advice obtained was included in individual care plans and staff were clear about the actions to be taken.

We met with a community healthcare worker who had come to the home to carry out assessments and reviews for a number of people who received support with a particular aspect of their health care. They told us, "The staff team are nice and there have been no problems. We encourage them to ring us if they have any queries and they do."

Requires Improvement

Is the service effective?

A staff member told us that when they started working at the home they followed a detailed induction programme. They had shadowed more experienced staff until they felt confident with the role. In addition, they had completed an induction workbook. The staff member told us that they had been supported well and that there was always staff available for support when needed.

There was a comprehensive training programme in place to ensure that staff had the knowledge and skills necessary to carry out their roles. All of the staff had completed training essential for their role. The computer system prompted the manager when training was due to lapse so this made it easier to monitor and ensure staff were booked to attend refresher training. In a small number of cases refresher training was due and staff had been informed that they needed to complete this training by a set date. Training was completed via the computer system and a number of face to face training sessions were also arranged. Training included epilepsy, safeguarding, first aid, continence care and moving and handling. Further training had also been arranged by the manager for staff to develop their skills and knowledge in specialist areas. For example, all of the staff team had recently started online training on dementia. Staff told us that the training they received was sufficient to meet their needs and they felt well supported.

Each staff member had attended three or four supervision meetings this year. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. A staff member told us that the manager was “a good manager, can approach 100% if you have a problem.” Another staff member said, “There is very good teamwork here, if we have a problem we raise it.” A third staff member said, “We are always asked in supervision how we feel about things and if we have any concerns.” A staff member told us that they felt that management listened to them and valued their opinions. They told us that through supervision they had requested additional arts and crafts materials for people to use and that this had been addressed by management. In addition to supervision, a new system for an annual appraisal of performance was being introduced and at the time of inspection three staff had attended an appraisal meeting.

Good

Is the service caring?

Our findings

People told us that they were treated with respect. One person told us, “Staff always knock on the door before coming in. If I want to talk to staff privately I can.” Other people told us that staff respected their right to private time. Staff said that they ensured that people were covered appropriately when they provided personal care. One staff member said, “I always ask and not just assume consent has been given. I know people and know how they like to be supported but it is important to ask.”

Two people chose to share a room. They had shared their room for a number of years and were happy doing so. We spoke with one person who confirmed that they liked sharing their bedroom. They said that there was a screen which meant that they had privacy when they wanted it. This person’s care plan clearly stated how they should be afforded privacy and dignity when supported by staff with their mobility.

Staff assisted and spoke with people in a kind supportive manner and care was not rushed. Within the staff handbook there was information about expectations of staff in terms of ensuring that people were treated equally and that their diverse needs were respected. We talked with staff about how they cared for people who were on weight reducing diets. They said that this was dealt with sensitively; sometimes people would have a smaller dessert portion or fruit instead. We observed a staff member negotiating sensitively with one person regarding their afternoon snack. The person told us that they found staff helpful in keeping them on track and they were pleased that they had lost weight.

People told us that if they didn’t want to do something staff respected their decision. A staff member told us that some people were very particular with their routines and it was important to get it right for them. For example, one person, who was autistic, liked space and to do things in a particular order. The staff member said little things are important, we know people well and how they like things done. We were told that the care plan gave clear advice about the support they needed. The staff member said, “We have sufficient time to give people, we do the best we can, I enjoy coming in.”

People told us that staff had read their care plans to them and if they were happy they signed the plan. One person told us that they had started writing about their life history and were enjoying this and looking forward to including this in their care plan. They said that they were involved in the reviews of their care plans and they decided who they wanted to be invited to the review. Staff told us that changes to care plans were communicated to them at handover and a message was put in the communication book to read the changed care plan. In addition, changes were also highlighted on the ‘daily docs’ system with a link to the actual care plan.

Good

Is the service responsive?

Our findings

A new assisted bath had been installed in the ground floor bathroom in response to the changing needs of people. People's bedrooms were decorated to reflect their personalities, for example one person loved cowboys and westerns so the room was tastefully decorated with this theme in mind. The person told us that they really liked the way it had been decorated. We asked people if they could go out when they wanted to and they said they could. People told us that they didn't like going out in the evenings. One person told us, "I like to sit in my room in the evenings and watch the 'soaps' on TV."

People told us that they knew what to do if they had worries or were unhappy. They said that they would speak with the manager or deputy manager. They were confident that anything raised by them would be addressed. One person told us that staff read their care plan to them. They said that if they didn't like what was said they could have this changed.

Each person had a weekly plan of activities in their care plan that was based on their individual preferences. Some people attended day centres and one person chose to spend their day in the local town. There were a number of individual and group activities and people had the opportunity to participate or opt out of activities as desired. On the morning of our visit a 'music for health' session was carried out by an external provider. This person told us that they had enjoyed coming to the home for five years as most of the people joined in and staff were supportive. People told us that they loved the sessions and we observed obvious delight in the music and activities.

Everyone was given the opportunity to be involved and the organiser used various musical styles to ensure that people were kept engaged. There was a constant flow of conversation and people's views were sought on the music and activities provided. There was a buzz in the room and it was evident by the smiles on people's faces that is was a very pleasant experience.

Later in the day some people received treatment form a complimentary therapist. This was carried out in the lounge area. The therapist told us that there was a, "Good community feel to the home, people always seem happy and I've never had any concerns." People showed pleasure and looked relaxed when they had their treatment.

In the afternoon people participated in a range of activities that were specific to their individual needs and wishes. For example, one person who was doing a rug making task told us that they liked to spend some time doing this each day and there was always equipment available to enable this to happen. Staff told us that sometimes it was difficult to motivate people and activities were often offered and accepted, but later declined. However, records demonstrated that the manager had been proactive in providing opportunities for people to participate in new activities to see if they would be of interest to people.

Where possible people had been involved in the care planning process and if people did not have the ability to participate in this process, their next of kin was consulted. Guidance was provided to staff about how each person wished to be supported and this included preferred routines. For example, preferred times for getting up or going to bed or that the person chose when to go to bed if their preferences varied. Before one person was admitted to the home their assessment stated that they liked to have the light on at night and that they did not sleep well. The updated assessment stated that this person showed no preference to having their light on and that they slept well.

Within the care plans there was detailed information about how best to communicate with people. One person used Makaton to aid their communication. Makaton is a form of sign language used to assist the spoken word. There was a notice board discreetly positioned which provided details of the actual signs that were known to the person and that staff should use to aid communication. Over the course of our inspection we noted that this person used some of the signs and that staff responded appropriately.

There was information about how to make a complaint displayed, and we were told that everyone had been given a copy. This provided information about the home including information on how to make a complaint. There was no easy read version of the complaint procedure. However, staff felt confident in supporting people to make a complaint. People who were able to verbally express their views were able to tell us who they would talk to if they had any worries or concerns. Staff were able to tell us how they could identify signs or indications from people who could not communicate verbally that could indicate they were unhappy.

The home had a clear complaint's policy in place. This detailed how complaints would be dealt with. The

Good

Is the service responsive?

complaint's procedure contained timescales so people were informed about how and when a complaint would be handled and responded to. It was noted that the home's policy and procedure manual was being reviewed and was due to be distributed the week after our inspection. There had been no formal complaints to the home since the last inspection in July 2013.

Good

Is the service well-led?

Our findings

People told us that they were happy with the way the home was run. One person said, "I can talk to the manager, if I have any worries, but the place is happy and that makes me happy. Me and the deputy manager get on so well and we all have a laugh." Another person told us, "The manager does a good job, I like her. We are kept informed about everything and they give us a party with presents and cake for our birthdays." There was a relaxed and welcoming atmosphere in the home. One person liked to sit by the front door in the mornings and on both visits to the home they warmly invited us into the house and told us how happy they were living there. There was a good rapport between people, staff and visitors. We noted that when people returned to the home from activities they were keen to talk to staff about their day. People showed an interest in visitors and what they had to say and had a good rapport with them.

Residents' meetings were held monthly. People told us that they could raise issues if they wanted to. One person told us, "I have my say. If I want something I tell staff and they sort it." Minutes of the meetings were very basic. They included reference to activities that people had participated in and they were encouraged to say what they thought about the activities. There was no record that they had been kept informed about the running of the home or that they had been encouraged to make choices about activities, food or outings. However, the managers had already highlighted the need to record more detailed notes of these meetings and there were plans to ensure that they captured people's views more clearly at the next meeting. It was also evident that although the records had not been used to capture people's views, the managers had been proactive in picking up issues and addressing them.

Staff were given a clear sense of direction. There were systems in place to ensure that they were clear about their roles and responsibilities on any given shift. For example, there was a notice board in the entrance that included an in/out photo board. This helped staff and people monitor who was in the building. In addition, there were pictures of all the staff on duty and which members of staff on shift had responsibilities in terms of first aid, and health and safety. Laminated cards were used to tell staff and people what activities had been planned for the day. Staff told us that this helped the day run smoothly and everyone knew where they were meant to be at any given time.

Staff told us that they tried to encourage people to make full use of their local community. Some people chose to go to church regularly and local volunteers came to the home to take them. A non-denominational service was also conducted in the home for those who preferred not to go out. People said that they made use of local facilities and amenities in Hastings such as theatres, restaurants and cafes. One person liked to take the post for the home to the local post box and it was obvious that they enjoyed this activity.

Staff meetings had been held regularly. There were very detailed records kept and they demonstrated that a wide range of topics had been discussed, that staff had been kept up to date on a range of matters, and that their views had been sought. Staff told us that they were clear about what was expected of them in their various roles and felt their views were valued. For example, one staff member told us that they had raised an issue about a piece of equipment and it had been addressed immediately.

The home had developed their computer systems so that information could be stored more efficiently and was instantly available to staff. For example, there was a 'care docs' system for recording daily notes with the ability to have links directly to individual care plans. In addition, they had almost completed the policy and procedure manual with direct links to documentation required. This showed us that the management of the home had systems in place to assist staff to complete their work efficiently and that there were plans to develop this further.

People who lived at the home, their relatives, staff and visiting professionals were asked to complete annual satisfaction surveys. A survey request had been sent out in July 2014 so the home was still waiting on responses. The response rate from the visiting professional's survey last year was low. The manager said that they were updating the survey format due to a request from a relative. The home was also looking at ways to encourage a better response. An easy read survey had been was used to seek views of the people living at Barrington House and the response showed that people were very positive and that people said they were happy living at Barrington House.

Good

Is the service well-led?

As the home was not part of a large organisation, arrangements had been made for the manager to attend regular supervision meetings with the local care homes association. The manager told us that they valued these meetings and the contact was also useful in helping them to keep abreast of changes in care practices. The management of the home had enrolled on a Level 5 leadership and management course and the deputy manager and a senior staff member had started a leadership skill for front line manager's course. This showed that there were resources available to the senior staff team to develop and improve their skills to support the quality of care provided.

There were systems in place to monitor the quality of the home and to ensure that the home was continually developing and improving their practices. We looked at a sample of audits relating to medicines, infection control, the environment and accidents. There were systems in place to address any shortfalls identified as a result of the audits. For example, when one person had a number of falls a referral was made to the local falls team for advice and support. Measures had been put in place to reduce the number of falls and the falls team were due to return to monitor progress.

Emergency plans were in place and understood by staff. The home had plans which detailed what to do in the event of an emergency. Each person had a personal evacuation plan which included details about their level of mobility and the allocated place of safety in the event of a fire. The registered manager told us that they or their deputy could be contacted in the event of an emergency. There were clear instructions for staff to follow, so that the disruption to people's care and support was minimised in the event of an emergency situation occurring. This included having an emergency pack for each person for use out of hours that included details of people's medicines and contained hospital passports. (A summarised version of the person's medical history, medicines, ability to communicate, individual needs and abilities and behavioural guidelines, if appropriate).

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staffing** The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experiences persons employed.