Four Seasons Health Care (England) Limited

# Pelton Grange Care Home

**Inspection report**

Front Street
Pelton
County Durham
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| 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? | Good |

## Overall summary

This inspection took place on 6 and 8 October 2015 and was unannounced. This meant the provider was did not know we were coming.

We last inspected Pelton Grange on 4 December 2013 and found it was compliant with the regulations in force at the time.

Pelton Grange is registered with the Care Quality Commission (CQC) to provide care for up to 43 elderly people. The home also provides nursing care. At the time of our inspection there were 37 people living in the home. The provider had recently altered two single bedrooms on the first floor to create an office and a kitchen. Another bedroom on the ground floor was also used as an office. Some other bedrooms that in the past had been used as double rooms were now redesigned for single occupancy. This meant that the number of rooms available for occupancy was now 38.

Five beds were contracted by the local CCG and are designated as 'Intermediate Care' beds to facilitate early discharge and reduce admissions to hospital. Care is provided by staff employed by the home with intensive support by intermediate care staff who visit regularly. These include physiotherapists, occupational therapists and specialist nurses.

# Summary of findings

During our inspection we found the previous registered manager had retired and left the service and a new acting manager had been appointed. On the day of our inspection the acting manager had been in post for four weeks. 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.

We found staffing levels at the home were appropriate for the number of people living there.

We found people's medicines were well managed.

We saw the home had in place personal emergency evacuation plans displayed close to the main entrance and accessible to emergency rescue services.

We found the home had cleaning schedules in place to prevent the spread of infection.

The registered provider had worked within the Mental Capacity Act 2005. We saw that all people living at Pelton Grange had been asked for consent to support and Mental Capacity Act assessments to identify their capacity to consent to their care had been carried out. We also saw Deprivation of Liberty Safeguards were in place where required.

We observed staff speaking with people in kind, respectful and reassuring ways. People told us they felt their dignity and privacy were respected by staff.

We saw a notice board on which was displayed information about the activities for that week. During our inspection we found various activities were taking place.

We found the provider had audits in place to measure and monitor the quality of the service. The provider had in place a complaints policy in place and this was clearly displayed for people to see. We found that complaints were investigated appropriately.

During our inspection we found staff had not received regular one to one supervision sessions with the previous registered manager who had retired four weeks before our inspection visit.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and under the Care Act 2014 Regulation 18 (1) (a). You can see at the back of this report what actions we have asked the provider to take.

# 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?**

Good

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

**Is the service effective?**

Requires improvement

The service was not effective.

Staff received training and development. This helped to ensure people were cared for by knowledgeable and competent staff.

Formal supervision and support from the previous registered manager had lapsed. This meant staff had not been adequately supported to carry out their role.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

**Is the service caring?**

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

**Is the service responsive?**

Good

The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

# Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure in place.

**Is the service well-led?**

Good

The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure in place.

# Pelton Grange 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 10 October 2015 and was unannounced. This meant the provider and staff did not know we would be visiting. Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also made contact with the local authority safeguarding team, healthwatch and commissioners and used the information we gained about the service to plan our inspection.

One Adult Social Care inspector carried out this inspection accompanied by a Specialist Nurse Advisor. We spoke with 12 people who lived at Pelton Grange, four visitors and one health care professional. We did this to gain their views of the service provided. We also spoke with the acting manager, regional manager, a nurse and four care staff, including the activities co-ordinator, laundry and catering staff.

We carried out observations of care practices in communal areas of the home.

We looked at four care records, three personnel files including one recently recruited member of staff and staff training records for all staff. We looked at all areas of the home including the lounge areas, people's bedrooms and communal bathrooms.

For this inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we talked with people about what was good about the service and asked the acting manager what improvements they were making.

Good

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe. We also spoke with one person who required support when transferring with a hoist; they told us they felt confident and safe with staff when they were being assisted.

Staffing levels were reviewed both routinely and in response to the changing needs of people using the service. The acting manager told us that staffing levels were regularly assessed using the providers 'Care Home Equation for Safe Staff' (CHESS). This was used to assess whether enough staff were on duty to meet people's needs and keep them safe. The acting manager demonstrated how the provider used this tool which reflected the relationship between people's dependency needs and staffing levels, including the right mix of skills, competencies, qualifications and experience. We looked at the staff rotas for the two weeks prior to the inspection. The acting manager told us during the day there was a minimum of a nurse, a senior carer and five care staff on duty. At night there was a nurse and three care staff. We noted that overall these staffing levels were maintained. All of the people we spoke with told us that staff responded quickly to call bells. One person said, "You never have to wait long at all."

Staff told us they had received safeguarding training and records confirmed this. We asked three staff members what they would do if they suspected abuse was taking place. They were all able to tell us the appropriate action to take. This included reporting to the manager and the local authority.

The previous registered manager, who retired recently, had raised safeguarding concerns to the local authority and to CQC. Information we received from the local authority safeguarding investigators told us, in the past that the staff at the home had cooperated fully with investigations they undertook.

We looked at four people's care plans and risk assessments and saw they were written in enough detail to protect people from harm. Risk assessments covered risks related to activities such as falls, nutrition, pressure area and moving and handling risks. From these assessments we saw a care plan had been developed.

We looked at three staff recruitment files in detail. We saw that each of these had a full record of the recruitment process. We saw potential staff had completed a job application form where they were asked about their previous employment history and the reasons for any gaps in their employment. This meant the provider could see what experience applicants had before their interview.

We saw an interview was held with each person. The provider maintained a record of the interview. People were asked questions relevant to their specific role. This ensured the provider that people had the right skills and knowledge and were physically and mentally fit before they were offered a job at the home.

In all three staff files we looked at the provider had sought two references for each person employed and made sure one of these was from the last place the person had worked. The provider had obtained a disclosure and barring check (DBS) for each person working at the home (this was a list of people banned from working with vulnerable adults). This meant people who used services were protected by people of good character employed by the provider. We spoke with two staff; both had a good understanding of their roles and responsibilities. We spoke with 12 people who used the service, they reported all staff were skilled in their role and their needs were met. One person said, "The staff are really good here. I think they do a good job."

The Deputy Manager informed us that the treatment/ medicines room was listed for refurbishment imminently, which would provide more work top space. Security bars were fitted to the window.

We saw that the controlled drugs cabinet was locked and securely fastened. The medicine fridge daily temperatures were recorded. All temperatures recorded were within the 2-6 degrees guidelines. We saw a copy of the latest medication audit, carried out in August 2015. The medication records identified the medicine type, dose, route e.g. oral and frequency and they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked by the nurses at the handover of each shift.

The application of prescribed local medications, such as creams, was clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

Good

# Is the service safe?

One person was receiving medicines covertly, and on review there was clear evidence of a multi-disciplinary rationale for this, involving an advanced practitioner from the GP practice, as well as a pharmacist. A mental capacity act decision making process had also been undertaken to make sure decisions were taken in their best interests.

There was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including covert medicines, homely remedies, and 'as and when required' medication protocols. These were readily available within the Medication Administration Records (MAR) folder so staff could refer to them when required.

Each person receiving medicines had a laminated photograph identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR record sheet, and any medicines refused were placed in plastic bags for disposal. All medicines for return to the pharmacy, were disposed of in specialist storage bins, and recorded; these were collected by contractors on a regular basis who signed on receipt.

We observed the administration of medicines on the nursing unit, and this was undertaken in a safe and competent way. The MAR sheets were checked for accuracy, no errors or omissions were noted.

We also had the opportunity of discussing aspects of medicines with the deputy manager, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We were informed that staff proficiency in administration was undertaken once a year. Oxygen was safely stored in the clinical room, and the necessary signage was in place. Staff had up to date access to medicines reference publications such as BNF to support appropriate use at the home.

We saw the home had in place personal emergency evacuation plans displayed close to the main entrance and accessible to emergency rescue services.

We found the home had cleaning schedules in place to prevent the spread of infection. There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

Requires improvement

# Is the service effective?

## Our findings

All of the people we spoke with were happy with the care they received at the home. People told us they were involved in decisions about the care and support they needed. One person told us they had just gone through their care plan with the nurse and had changed some things about their background and their interests. Two people told us that their families had been consulted about their care plans and they were happy with this.

A relative told us they had been closely involved with the care planning process and they found this to be an effective way of keeping information up to date. In addition, we saw people who used the service or their representatives who wanted to be involved in developing their care plans, had signed a consent form agreeing to the plan.

We asked four staff about people's care needs and they were able to describe their current care and support needs consistently and confidently. People told us they were confident of the skills and knowledge of the staff and their ability to meet their needs.

People told us and we saw in records that people's health needs were met. People saw the GP, district nurse, opticians, dentists and specialist health professionals as needed. One person said: "If I am feeling un-well they get the doctor or the nurse and they really look after me very well indeed."

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly and action was taken if people's weight changed significantly. For example, one person was referred to the dietician when they had lost weight and had a low Body Mass Index (B M I). People who were identified as nutritionally at risk received fortified diets and nutritional supplements and we saw that these individual's weight had remained stable or they had gained weight.

When we spoke with the cook, they had good knowledge about people's individual preferences, likes and dislikes. We saw large pictorial menus were displayed in the dining rooms which were used to help people decide their food options. People told us they were consulted about meals individually and at 'residents meetings'. They said they enjoyed the food and if they didn't like anything the catering staff would cook an alternative. Overall, praise for the food was high. We were told that the quality and choice was very good. One person said, "You can have anything you want and there is always plenty of snacks and drinks available throughout the day." Another person said, "Smashing home cooked meals, with plenty of choice." During the inspection we saw regular drinks and snacks were offered to people throughout the day.

People were supported by staff who had the opportunity to develop their skills and knowledge through the providers training programme. Staff told us the training was relevant and covered what they needed to know. Staff told us they had received training on supporting people living with dementia and end of life care. The staff training records we looked at demonstrated that staff were suitably qualified and experienced to fulfil the requirements of their posts. As part of their induction, new staff spent time shadowing more experienced team members to get to know the people they would be supporting. They also completed an induction with a senior member of staff to make sure they had the relevant skills and knowledge to perform their role. Staff told us they were up to date with mandatory training. The training records that we looked at supported this. We saw the acting manager had plans in place for staff to complete other training such as the impact of the Mental Capacity Act 2005 on their work when supporting people at the home. A senior carer told us staff had completed refresher training such as for first aid.

Records showed us that all staff had received regular supervision during 2014. However, one care staff told us they had last had supervision about six months ago. Another staff member told us that they had no knowledge that one had been planned. We looked at records and found that there was no record of any staff supervisions since April 2015. We spoke with the regional manager about supervisions. They examined the provider's electronic recording system which showed that some supervision's had taken place but no actual records of these supervisions could be located. The acting manager and the regional manager agreed that supervisions of care and nursing staff had not taken place. They agreed staff did not receive the appropriate level of support and supervision to enable them to carry out the care and nursing duties they are employed to perform.

**This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Requires improvement

# Is the service effective?

The acting manager showed us that during the last four weeks, they and another senior had completed 13 supervisions and six group meetings. The acting manager showed us the system they had in place to ensure all staff employed at Pelton Grange including nursing staff, would receive five supervisions and an appraisal during the next 12 months.

Care staff commented that they had regular staff meetings and told us they felt these helped them to become aware of all the information they needed to know. The acting manager confirmed that another full staff meeting had taken place since they had come into post.

The acting manager showed us the induction programme for care staff. We saw the induction programme was based on the Skills for Care Common Induction Standards, which were nationally recognised induction standards. The training records evidenced that the majority of staff had recognised National Vocational Qualifications. The regional manager told us that staff had the skills and knowledge to be able to care and support people living at the home and that the induction programme they used was effective. When we spoke with staff about their training and development and the induction training they had received, all confirmed the training was good and that the induction they had received had been very thorough.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need in the least restrictive way. DoLS require providers to submit applications to a 'Supervisory Body', for authorisation. The acting manager was about to submit a DoLS application for one person. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. The acting manager explained how they were going to arrange best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward.

Good

# Is the service caring?

## Our findings

People who lived at the home, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One person said, "The staff have been great and they have treated my relative with dignity and respect. My relative has received very good care." Two other relatives told us their (relative) was "always happy and content when we visit." Another relative told us, "I cannot fault the care and support my relative is receiving. The new manager is very approachable, and when we asked them about a concern we had, they immediately took action to put things right. I think the staff are caring, attentive and doing a very good job."

A person who used the service told us, "I have never regretted coming here. They look after me very well. I have no complaints at all. All the staff are caring and very friendly." Other comments included; "This is a lovely place", "The staff are kind," and "If you need anything at all, you only have to ask."

We saw there was a core team of staff who had worked at the home for a long time, some for over 20 years and they knew the people they supported very well.

Staff spoke kindly and had a lot of knowledge about people. For example, they knew and understood their life history, likes, and their preferences about how they wished to have their care delivered. We observed the relationships between staff and people receiving support and we saw staff consistently demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People valued their relationships with the staff team and said they always went 'that extra mile' for them.

People were supported to express their views and staff were skilled at giving people the information and explanations they needed, and the time to make decisions. We saw how staff communicated in a calm caring manner with people using the service, no matter how complex their needs.

All the 12 people we spoke with told us they were always treated with respect and their dignity was always preserved. They told us they were able to express their views as to what was important to them in relation to their care and treatment. They said they were fully involved in making decisions about their support needs, and were encouraged by staff to remain as independent as possible.

Five places were contracted by the local CCG and were designated as 'Intermediate Care beds' to facilitate early discharge and reduce admissions to hospital. Care was provided by staff employed by the provider and people also received intensive support from intermediate care staff who visited the home regularly. These included physiotherapists, occupational therapists and specialist nurses. We spoke with one person using this service who told us they expected to be going home soon following a successful rehabilitation period at the home. The said staff had been 'very caring during their stay.' A relative of another person told us, "We are so grateful for the kind care and support my relative has received during their time at Pelton Grange."

People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "I get up and go to bed when I wish and I see my family whenever I like." They told us how staff brought a telephone to their room twice a week so they could speak with a relative who lived abroad.

People were given support when making decisions about their preferences for end of life care. At the time of our inspection, no one was receiving end of life care. We did note that there was reference to end of life planning in the care plans. The regional manager told us, when people were nearing the end of their life they received compassionate and supportive care. Those people, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and how to make sure the person had their dignity, comfort and respect at the end of their life. We saw that the provider was following the NHS deciding right document 'Your life, Your Choice' guidance. This meant people's physical and emotional needs would be met, their comfort and well-being attended to and their wishes respected. Two of the records reviewed had Do Not Attempt to Resuscitate (DNAR) notices in place with evidence of discussion between the individual, family, and the

Good

# Is the service caring?

community matron involved. A third person had chosen to have attempted resuscitation in the event of cardiac arrest. These wishes were clearly recorded, and showed discussion with family involved.

Good

# Is the service responsive?

## Our findings

People received consistent, personalised care, treatment and support. They and their family members were involved in identifying their needs, choices and preferences and how they would be met. People's care, treatment and support was set out in a care plan that described what staff needed to do to make sure personalised care was provided. The plans were a way of enabling people to think about what they wanted now and in their future. It was used to support people to plan their lives, work towards their goals and get the right support. The care plans had been reviewed every month by staff to make sure they were up to date and people received the care they needed. Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage. We saw evidence that people who used the service or those that mattered to them had consented to their care, treatment and support.

We looked at examples of how people's needs were to be met by staff. We found every area of need covered in the care plans had a description of the actions staff were to take. This meant staff had the information necessary to guide their practice and meet people's needs safely. We saw staff had involved people to make decisions about all aspects of their care or where necessary those that mattered to them.

We saw that advocacy support arrangements were available for anyone at the home. We saw information about how to access advocacy was prominently displayed on the main notice board. This meant that people received support from people to help them make decisions that were best for them when needed.

We spoke with staff about the support people required. They clearly had a good understanding of the health and social care needs of the people in their care. They explained to us how other health care professionals were involved in the care of people living in the home, such as district nurses and speech and language therapists.

We saw staff kept a daily record of the care that had been provided as well as any changes to a person's health care needs which they shared with their colleagues throughout and at the end of each shift. In addition, a 'Journal' file was maintained in each individuals bedroom. This contained daily monitoring information such as, records of re-positioning, moving and handling information, dietary, and fluid intake information (when necessary).

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain hobbies and interests. We saw the way that activities were organised, planned and carried out by the activities co-ordinator was very effective and people using the service told us they enjoyed taking part. The activity co-ordinator showed us detailed records of the activities on offer and throughout the home we saw photographs of events that taken place. People referred to these in their conversations when we spoke with them about activities.

We saw a notice board on which was displayed information about the activities for that week. The service had good links with the local community, the activities co-ordinator told us that they had raised almost £700.00 at the summer fair they and the staff had organised for the residents amenity fund. We saw staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We observed that visitors were welcomed and supported by staff.

The provider had systems and processes that were applied consistently for referring people to external services. When people used or moved between different services this was properly planned with the support of staff and the acting manager if required. Where possible people or those that mattered to them were involved in these decisions. The home used a document called a 'Hospital Passport.' This document described people's preferences, their likes and dislikes and their health conditions. It was used to ensure people would receive continuity of care when away from the home.

We checked complaints records during our inspection. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the acting manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. The staff we spoke with told us they

Good

# Is the service responsive?

knew how important it was to act upon people's concerns and complaints and would report any issues raised to the acting manager or provider. During the last 12 months we saw one formal complaint had been received and this had been investigated and resolved appropriately to the satisfaction of the complainant.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. There was an acting manager who had been in post for four weeks. The previous registered manager had retired a month before our inspection. At the time of the inspection visit, our records showed that the acting manager's application to be the registered manager had been submitted to CQC.

We saw that the acting manager worked alongside staff, and provided guidance and support. People, who used the service, and comments from their relatives, told us, "It's a well-managed home." Staff we spoke with told us the acting manager was approachable and they felt supported in their role.

One member of staff told us, "We all work as a team at Pelton Grange." Another said, "I have worked here for 23 years, it's a pleasure coming to work and we appreciate the improvements made recently for example, the acting manager has arranged for a new office for staff to use." In addition, the acting manager showed us evidence that they had ordered new dining room furniture and some lounge chairs. They had also arranged for the home to be decorated throughout. On the second day of our inspection, the acting manager had also transferred the nurse station that was previously located in an alcove on the first floor to a room that was not used. This meant records were stored securely and telephone calls about people's personal conditions could be made in private.

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, a care plan every month, a weekly medicine check, infection control check every week, a health and safety audit every month and a quarterly safeguarding audit.

We saw the provider had arranged for regular audits to be carried out on all equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed when the required work had been carried out. All these measures meant the provider was carrying out on-going checks to ensure the care provided and the environment people lived in was maintained to a good standard.

We saw the provider had surveys completed by people's families and also professionals. The feedback from these was consistently good.

The service had developed a strong, visible person centred culture for helping people to express their views. Staff and management were fully committed to this approach. For example, the regional manager told us, the underlying ethos of good care practice in the home was based on human rights perspectives and on the use of un-restrictive practices. They said, "We always support every individual in person centred ways. Staff have had training to promote and reduce reliance on restrictive practices. We work in collaboration with health care professionals and independent advocacy agencies where needed." This demonstrated that the provider adhered to the Human Rights Act principles and Equality Act to avoid any discrimination in order to meet the standards of care set out in these regulations.

We saw leadership was transparent for example, we saw in the residents/relatives meeting minutes, how people and those that mattered to them were proactively supported to express their views in meetings and reviews and staff were skilled at giving people the information and explanations they needed and the time to make decisions.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

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 18 HSCA (RA) Regulations 2014 Staffing<br><br>**Staff did not receive the appropriate level of support and supervision to enable them to carry out the duties they are employed to perform.**<br><br>Regulation 18 (2)(a) |