

Mrs Jennifer Grego

Swanrise

Inspection report

Station Road North
North Belton
Great Yarmouth
Norfolk
NR31 9NW

Tel: 01493781664

Date of inspection visit:
14 November 2019
18 November 2019

Date of publication:
16 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Swanrise is a residential care home providing personal care and support for adults with learning disabilities, autism and mental healthcare needs. The service is registered to accommodate up to six people and there were six people living at the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, not all of the principles had been fully applied to the service provided, to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should also receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The new manager was working hard to ensure the principles of Registering the Right Support were applied fully. They had identified opportunities for people to live more interesting and varied lives, including offering more choice over what they took part in, and introducing goal setting into people's care. These were in the process of implementation.

People's experience of using this service and what we found

We observed positive interactions between people and staff. There was a stable staff team in place who knew people well.

There was a new manager in post since September 2019. Although we found improvements were still required, they had made a lot of progress with improving documentation and putting systems and processes in place which would ultimately benefit people living at Swanrise. Though not all improvements were yet embedded in practice, the manager was clear on their responsibilities and knew what was required to make the changes.

The provider had not always ensured that staff deployed were appropriately skilled; staff training was not always updated within the recommended time frame. The manager took prompt action to rectify this.

The assessment of risks affecting people and the environment in which they lived needed to be clearer. Where some risks were referred to in care plans, such as constipation and choking, risk assessments were not always in place to describe how staff should mitigate these risks.

Risks associated with falls from height, hot surfaces, and ensuring heavy furniture was secured to walls, were in the process of being addressed to ensure people's safety.

People received their prescribed medicines from staff who were trained to administer medicines. However,

not all staff were trained to administer emergency medicines if needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some improvements were however needed to ensure that documentation was clearer around decisions people could still make for themselves to maximise choice and independence, and to reflect more fully the principles of the Mental Capacity Act.

People's nutritional needs were met and people were regularly weighed. However, the service was not using a recognised assessment tool to determine people's risk of malnutrition. People were referred to health and social care professionals as required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although we found some improvements had been made since the new manager came into post, the provider still remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the second time.

Why we inspected

The inspection was prompted in part due to concerns received about the service. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swanrise on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, consent, staffing and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We have already met with the provider to discuss how they will make improvements to achieve a rating of Good. We will request an action and improvement plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Swanrise

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Swanrise is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed at the service since September 2019. They were not yet registered with the Care Quality Commission but intended to make an application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Not all the people living in the service were able to talk with us due to their communication needs. During our inspection we observed how the staff interacted with people who used the service. We spoke briefly with two people living in the service, but we were unable to make contact with any relatives. We spoke with one visiting social care professional, and six members of staff including the manager, deputy manager, operations manager, and care workers. We reviewed a range of records. This included two people's care records and five medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one independent advocate who supported two people living at the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure staffing levels were adequate to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, the provider remains in breach of regulation 18.

- The provider had not ensured that sufficiently skilled staff were deployed to ensure they could meet people's care and treatment needs. 17 out of 20 staff had not received recent training in epilepsy, and there were three people living in the service who might experience a seizure. Other training such as physical intervention and autism awareness were also overdue for some staff.
- Staffing levels had been increased to include a 'floating' staff member. Their role was to support staff when people went out in the community and required 2-1 support to ensure they remained safe. Whilst this was a positive step, there was limited cover available if staff working a 12-hour shift required a break to refresh. Whilst staff did not complain about this, the provider needs to review the processes to ensure this does not affect their concentration and practice.
- Staff continued to be recruited safely, to ensure they were suitable for the role.

Using medicines safely

- At times there were no staff trained to administer emergency medicines. This meant that people requiring medicines, such as those needed to control a seizure, may not receive them promptly as the service relied on emergency services at these times. This was an avoidable risk.
- Protocols for medicines that were prescribed 'as required', were being updated to ensure staff were clear about when to consider the use of these medicines.
- Some hand written medicine administration records (MAR) were not double signed by staff and did not always include a dose. This increases the risk of errors occurring.
- Staff were trained in administration of medicines, and their competency regularly assessed.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments in areas relating to people's care, such as behaviours of concern, diet and nutrition and epilepsy. However, where some risks were referred to in care plans, such as constipation and choking, risk assessments were not always in place to describe how staff should mitigate these risks.

- Environmental risks affecting people were checked within health and safety audits. However, we found that some risks had not been considered. This included risks associated with hot surfaces (such as radiators) falls from height, adequate outside lighting, and ensuring heavy furniture was secured to walls.

This above constitutes a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection the manager acted promptly and ensured that window restrictors were put in place to reduce the risk of falls from height. They assured us other areas of environmental risk would also be addressed promptly.

- A fire risk assessment had just been completed by an external company. There were three immediate actions to be completed, and the manager assured us these were being addressed.
- The manager had implemented a 'grab bag' in the event of a fire. This included personal evacuation plans should people need to evacuate in an emergency. Fire drills were undertaken every six months so staff knew how to evacuate people efficiently.
- Checks were made on the temperature of the water to prevent the growth of legionella bacteria. De-scaling records were not in place, but the manager said these would be implemented.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding adults training and knew who to raise any concerns to. One staff member told us, "We could come across various types of abuse, such as physical, verbal, sexual, or financial. Staff can be the abusers. I know the whistle-blowing procedure, and I would raise any concerns."
- We observed staff supporting people in a safe and supportive manner. One person told us, "I do feel safe here, the staff are lovely."

Preventing and controlling infection

- Care staff were responsible for cleaning people's rooms and the communal areas of the service. However, staff did not receive infection control training. The manager promptly arranged this.
- Cleaning schedules were in place but did not provide guidance on what products should be used to clean certain areas. We made contact with the local infection prevention and control team who may visit to offer advice and guidance.
- The main areas of the service were clean, but some carpets needed replacing in people's rooms. The manager told us they were aware of this and would be arranging new ones.

Learning lessons when things go wrong

- The provider had learnt lessons to try and improve systems and processes in the service. Though these were not yet wholly effective, we could see that improvements were being made and the manager was aware of what needed prioritising to ensure people were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive the training required to ensure they were skilled to deliver people's care and treatment needs. This included training in epilepsy and administration of emergency medicines, physical intervention, end of life care, and infection control.
- The service is registered to provide care and support to people who live with a learning disability or autistic spectrum disorder. However, we found that staff training in relation to supporting people living with these conditions was limited.

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

- Staff were receiving supervision. The new manager had ensured all staff received at least one supervision since being in post and had a schedule for future dates. Staff knowledge was tested during these sessions, for example, with the principles of the Mental Capacity Act.
- The manager had ensured staff had the opportunity to gain qualifications; they had introduced 'care certificates' for staff which is a set of standards all care workers should adhere to. Staff were progressing with other qualifications, including the manager.
- The manager had produced an induction form for new staff, which included any new staff shadowing experienced staff, and getting to know people living in the service.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were five DoLS which had been granted and one awaiting authorisation. Where some granted DoLS had conditions, it was not immediately clear if these conditions were being met. We had to look at each one with the manager to determine this. Including conditions within care planning would help to ensure they were regularly reviewed and check they were being met.
- Where people's capacity had been assessed, we saw that there were several decisions listed under one capacity assessment. Individual tests of capacity should be carried out for each decision being considered. This ensures any decisions made are properly assessed and that people's ability to make decisions about their day to day care is maximised.
- Where DoLS applications had been made, there were no capacity assessments and associated best interests decisions in relation to this.

This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- The service monitored people's weights on a monthly basis; where fluctuations were observed relevant professionals were informed. However, the service was not assessing people's needs via a recognised assessment tool to determine levels of risk. This can be a useful measure of whether someone is of a healthy weight.
- Some care plans made reference to reducing the amount of unhealthy food eaten. However, it was not clear how staff were to do this as there was no guidance in place.
- A weekly menu was devised, and people had input into this. However, choice was limited to one option at the main mealtime. The manager told us they were looking to improve this. Lunchtime options had also become routine, with a choice of cheese or ham sandwiches being offered.
- Fresh fruit and vegetables were available to people, and there was a choice of snacks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service did not always refer to best practice guidance when assessing people's needs, such as the use of recognised assessment tools.
- The manager was new in post but planned to access best practice guidance to enhance people's care. They welcomed advice from us in relation to health and safety of the environment, and infection control procedures. They were also observed to ask other external professionals for advice who were visiting the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health care plans which outlined people's health needs and risks. There was also a hospital passport which could be used to share information with other professionals if they moved between services.
- Oral health care was referred to generically, but the manager told us an assessment tool was going to be implemented to improve guidance and make this more person centred.
- People were referred to health and social care professionals as required, including dentists, learning disability nurses, and GP's.

Adapting service, design, decoration to meet people's needs

- Some areas of the service were clearly in need of redecoration or repair, but the manager had noted this

on the home improvement plan. Some communal areas looked sparse, but this was due to safety reasons to reduce the risk of items being thrown by people who lived there when they became distressed or upset.

- People's rooms contained personalised items and activities of interest.
- There were quiet areas that people could spend time in, some had their own lounges as well as access to communal areas and a secure safe garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although we found areas for improvement during this inspection which are outlined in other areas of this report, the new manager, operations manager and staff were all committed to making improvements which benefitted people living in the service. The provider had taken steps to ensure there was a manager in place, and improvement plans were being reviewed.
- There was work to do to ensure people were more fully involved with their care. There was no evidence that people, or relevant others such as relatives or advocates, were involved with care planning. The manager was aware of this need.
- Staff treated people with respect and kindness. People were well presented.
- The manager and staff spoke about people in an inclusive way; they recognised that routines, systems and processes had sometimes compromised people's ability to make choices about their lives, which in turn limited potential goals people might have. Staff told us the manager was making positive changes for people which made Swanrise, "A happier place to live".
- Staff interaction was caring and supportive. There was a calm atmosphere in the service, and staff responded well when people became distressed.
- Staff knew people well, and particular triggers which might cause them to become upset. We saw staff working in line with people's care plans.

Supporting people to express their views and be involved in making decisions about their care

- The manager had recognised that improvements were needed in how people were given opportunities to express their views.
- Surveys had recently been issued to people to obtain their views. We saw photos of staff and people sitting together to complete the feedback. Advocates were in place for some people who needed support to ensure their views were known and shared.
- People could not always access the community or follow their interests when they wanted, but this was improving. One staff member told us, "People go out more now. Its really made a difference to their mood and there are less behaviours [of concern]."

Respecting and promoting people's privacy, dignity and independence

- People's care plans made reference to areas of care they could still attend to independently, and how staff should encourage this. However, further work is needed to ensure people's independence is maximised. We did see some evidence of this during the inspection and considered the staff and manager to be committed to improving opportunities for people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some risks referred to in care plans did not always have an associated risk assessment so staff knew how to mitigate risks.
- Care plans contained a 'pen picture' which gave personal information about people's likes and dislikes, but some plans read as quite clinical, and lacked a person-centred approach. The manager was aware of this and was working on improving this aspect of people's care plans.
- The manager had worked hard to update the care plans and staff said these were now much better. One staff member told us, "The care plans are great, you should have seen them before, no information."
- Improvement was needed in the 'daily directives' that staff completed. This includes documentation about what people do during the day. However, these were not detailed enough. For example, one stated between the hours of 12pm to 5pm, 'drive out to shops'. There was no detail about how they were, how long they were out, what they specifically did, and if they found the activity meaningful.
- 'Scheduled activity lists' also contained minimal information, such as, 'stayed home' or 'shopping', but no further detail. We could therefore not be assured that people's needs were being met in relation to meaningful activity.
- People had become accustomed to their daily routines, and this meant that different opportunities were not always explored. There was no evidence of goal setting within the care plans. When we spoke to the manager about this they had already identified this as an area for improvement. They had also ensured that people had more opportunity to get out into the community. Staff told us this had made a difference to people's behaviours. One staff member said, "Its calmer now, people get out and this is so much better for them."
- Staff knew people's likes, dislikes and preferences. For example, what time people wanted to get up. There was a stable staff team in place.

End of life care and support

- Personalised and comprehensive end of life care planning was not in place for people to ensure that staff had the guidance they needed to support people if they entered the final stage of their life. This information is important as a sudden death may occur.
- The operations manager told us this had been identified and was being addressed; they were sourcing the relevant documentation to add to care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information on how people communicated. This included not giving people too much information to process, and the use of objects, pictures, and gestures to help understanding.
- We also observed that staff knew 'trigger' words that people used when they were becoming distressed. In these cases, we saw that staff followed the guidance and gave the person space.
- For people who had difficulty with reading, pictorial images and simple language were used; for example, in choosing food options. We saw staff communicate with people in line with their individual needs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place if people or visitors to the service wished to raise a concern. The manager kept a log of complaints made. We saw these were appropriately responded to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the providers' governance systems were not always identifying failings in the service. This was because the manager was not given dedicated time to undertake this work. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements were evident, the provider remains in breach of regulation 17.

- The service had not been well led after two management changes. At this inspection there was a new manager who had been in post since September 2019. The systems in place to monitor the delivery of care had improved. Checks were in place on aspects of people's care.
- Some of the governance arrangements in place however were not yet fully effective in driving up improvements to the service.
- Further improvements with regards to some aspects of service delivery were still required and were ongoing at the time of the inspection. This included end of life care planning, staff training, and health and safety of the environment, to ensure they met recognised standards.
- We found new and repeated breaches of regulation. Whilst attempts had been made to improve obvious failings to keep people safe, other areas had been overlooked. For example, the provider had not ensured that staff were up to date in their training to ensure they had the skills to support people effectively.
- Some quality and auditing systems needed to be developed further so findings could be collated and actions taken to drive improvement. This will help to support positive changes to practice.
- The new manager was given protected time to ensure they were able to implement new documentation and address previous shortfalls in the service. They had already independently identified many of the issues we found. It was clear they were committed to continuous improvement.
- The manager was supported by an operations manager who was present during part of the inspection. They also demonstrated a commitment to supporting the new manager and addressing previous failings. Provider audits were now being undertaken.
- The new manager and operations manager were open and transparent and positive role models for service delivery and we found this impacted on staff attitude and morale. One staff member said, "Miles better since [manager] came in. There is a calmer feel to the place."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new manager had identified systems and processes that would ultimately improve people's care and enhance their day to day lives. Though this will take time to implement, the manager had a clear vision.
- There was a monthly quality assurance plan, and a home improvement plan in place, overseen by the operations manager. This supported continual progress within the service with planned improvements were monitored.
- The manager had plans to expand opportunities for people and introduce goal setting. They told us that ensuring people got out more regularly had already had a positive effect on people's emotions and behaviours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had ensured that people's views were sought by issuing questionnaires about the care they received. Staff assisted people to complete these. Relatives and professionals were also asked for their views.
- Staff felt confident about the changes in the service and included in the developments. One staff member said, "The bad staff have left, its much better now, we work as a team but it wasn't like that before. We all help each other out now."
- Staff told us they had opportunities to attend meetings with the manager to discuss the service and raise any issues. A staff member said, "[Manager] has brought in positivity. I feel listened to and valued."

Continuous learning and improving care; Working in partnership with others

- The provider needed to ensure staff were skilled to deliver people's care and treatment. We found some training had expired, and this had not been addressed prior to our inspection. However, the manager acted promptly to book relevant training sessions.
- The manager was using information from reputable sources to improve staff training opportunities. Staff were now being given the opportunity to undertake recognised qualifications, such as the Care Certificate, and vocational qualifications.
- The manager was keen to forge links with other professionals and organisations that could support them in additional learning and to prevent the service from becoming isolated in their practice.
- The manager planned to engage more closely with residents in the local area who lived nearby.
- The service worked with the local authority and health professionals as they carried out visits to the service. The manager was very open to advice and support from other professionals to improve the care people received. Feedback received about the service had also all improved.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The principles of the MCA 2005 were not always followed to ensure people's ability to make decisions were maximised. Best interest decisions were not always in place.</p> <p>11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to people's care and the environment in which they lived, were not always fully assessed and guidance put in place to mitigate risks.</p> <p>Not all staff were trained in administering emergency medicines.</p> <p>12 (1) (2) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems need to be robust to ensure quality is not compromised. This relates to staff training, documentation, and health and safety, to ensure they meet recognised standards</p> <p>17 (1) (2) (b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure that staff were sufficiently skilled to meet people's care and treatment needs.</p> <p>18 (1)</p>