

Turner Home

# Turner Home

## Inspection report

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10 August 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on the 9 and 10 August 2016 and was unannounced. The Turner Home is registered to provide accommodation for 59 people who require nursing or personal care. There were 52 people living at the home at the time of this inspection. The building is split into two units. A newer annex where 42 people lived and the original building where 10 people lived.

We went to The Turner Home at 6:00 am as the CQC had received concerning information regarding people being got up out of bed by the night staff from 5:30 am.

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run. The registered manager was not available for this inspection, we spent time with two senior nursing staff and the deputy manager.

At this inspection we found breaches relating to people not being provided with person centred care as people were being got up very early and moved into the main lounge areas by the night staff. The staffing levels at night were not at all times adequate to meet the care of the 52 people. Also people were not receiving activities for stimulation during the daytime to support their wellbeing. You can see what action we told the provider to take at the back of the full version of the report.

People received sufficient quantities of food and drink and had a choice in the meals that they received. Their satisfaction with the menu options provided had been checked. Where people had lost weight this was recognised with appropriate action taken to meet the person's nutritional needs.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights.

We found that care plans and risk assessment monthly reviews records were all up to date in the six files we looked at however there was not a lot of information recorded by staff that reflected the changes of people's health in the monthly reviews.

People were not having enough person centred activities provided by the service to promote their wellbeing.

People told us they felt safe with staff. The deputy manager had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required. However two recent incidents that had occurred in The Turner

Home had been reported to the local authority but not to the CQC.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

The staffing levels were seen to be adequate on the day shifts however the staffing levels at night fluctuated from six to four staff which was not adequate at times to support people, meet their needs and undertake the tasks required. Day staff did not have time to provide activities or one to one support to promote people's wellbeing.

The home used safe systems for recruiting new staff. These included using DBS checks and annual self-disclosure checks made with the manager. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home. Senior staff told us they did feel supported by the registered manager however there were staff who told us they did not feel supported.

## 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.

The staffing levels at night were not adequate to meet the care and treatment requirements of the people living there.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people. The senior staff had not reported two recent incidents to the CQC.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

The home was clean, comfortable and well maintained.

### Is the service effective?

**Good** ●

The service was effective.

All staff had received training and had been provided with an on-going training plan.

Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat.

People's weights were recorded monthly by staff.

### Is the service caring?

**Good** ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

Most of the people we spoke with praised the staff. They said staff were respectful to them, caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see

personal and professional visitors in private.

### **Is the service responsive?**

The service was not always responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs. However people were got up at times very early in the morning that was not what was agreed with them in their care assessments.

There was a lack of activities and stimulation for people, which was not supporting their wellbeing. Staff were seen predominantly caring for people and had little time to socially interact, they were busy tending to people's personal care. A lack of social interaction was observed throughout the home during our visit.

People told us that staff listened to any concerns they raised, these had been followed up and information fed back to the person. The complaints procedure at the home was effective.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs.

**Requires Improvement** 

### **Is the service well-led?**

The service was not well-led.

There were systems in place to assess the quality of the service provided at the home but these had not identified the issues we found.

People who lived at the home, their relatives and staff were asked about the quality of the service provided.

There was a registered manager employed at the home and staff were supported by management team. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

**Requires Improvement** 

# Turner Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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.

This inspection took place on 9 and 10 August 2016. The inspection team consisted of two adult social care inspectors.

Before the inspection we looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the registered manager.

We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for.

During our inspection we spoke with 6 people who lived in the home, 4 care staff, the housekeeping manager, the chef, the maintenance person, the facilities manager and the deputy manager. We observed care and support in communal areas, spoke with people in private, looked at the care records for six people and looked at six staff records. We also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home, one person said "I do feel safe, of course". Another person commented "Yes, I'm safe here".

We looked at the staffing rotas from the 30 May 2016 up to 7 August 2016. The staffing levels for the home were adequate on the day shift to meet the care needs of the people living at the home. The rotas showed the staffing levels at night however varied between seven staff to four staff. On the 26 June 2016 and on twelve night shifts in July 2016 there were five staff rostered. On the 2 and 23 July 2016 four staff were rostered and also five staff were rostered during five nights in the first week of August 2016. These figures included either one or two RGN nursing staff who were responsible for people's medication. This staffing level was not adequate to meet the care and treatment needs of the 52 people. We looked at the night shift work sheets from 1 August 2016 up to 8 August 2016 information written on these records instructed which people the staff should support to get up early.

We received information of concern regarding people being up very early at The Turner Home. When we arrived on the 9 August 2016 at 06:00 am there were nine people up, dressed for the day in a communal area. We asked the staff on duty including the RGN why people were up so early. We were told that five of the people were "early risers" and that the other four people were supported to be up as that was what the night shift worksheets required them to do. Staff told us that they were extremely busy on the night shift when the staffing levels were low as they had to not only meet the care requirements of the 52 people but also had to do cleaning and laundry tasks. We also observed this written in the night worksheets for staff to complete. We were told by staff that there was also a requirement for one to one monitoring of a person at the home. This would also reduce the numbers of staff available to meet the needs of the other 51 people.

We were told by the deputy manager that this practice should not happen and people should only be got up early if they request to do so. They also said that they would ensure this practice would not continue.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. There was not sufficient numbers of staff on duty at night to make sure that they could meet peoples care and treatment needs.

The staff we spoke with were able to tell us about safeguarding, how to prevent abuse from happening to vulnerable adults and the types of abuse that can occur. They told us that they had received recent training in safeguarding and they were able to tell us how they would report any concerns. We saw from the training plan that the deputy manager provided to us that safeguarding training had been provided for several staff during this year, but that others needed updating. The senior staff we spoke with required updated training to ensure they were fully aware of the homes policy and procedure. When we looked at the information in place there were two notifications that had been reported appropriately to the Local Authority and other relevant bodies but they were not aware that the CQC should have been notified.

The safeguarding policy and procedure at the home had been updated in 2015. There were safeguarding

contact details available in the ground floor office that staff had access to and also in the registered managers office.

We looked at the medicines room which was situated in the staff office on the ground floor of the premises. This was accessed by a keypad lock. Medicines that required storing in a refrigerator within a specific temperature range were stored in fridges however the temperatures had not been monitored consistently. The medication room contained two medication trollies and further locked cabinets which stored prescribed and PRN (to be taken as required) medicines.

We checked the medication administration records (MAR) for eight people and checked the medicines recorded and stored. We found that there were no errors with the medicines records. We discussed PRN medication with the deputy manager as staff were administering as prescribed however they were not monitoring the usage and completing the reverse of the MAR sheet. This would be used to evaluate the requirements of the person and to initiate a pain relief review and feed back to the relevant GP and other professionals.

We looked at the Controlled Drugs (CD's) register and were shown the CD lockable cabinet. All of the records and medication amounts were seen to be in place.

We saw that risk assessments were in place for the people living in the home, such as for medication, communication and smoking. All of the six risk assessments we looked at were up to date and relevant.

We looked at the safety of the premises and environment and found that appropriate checks had been made.. Health and safety had been checked through various risk assessments and audits. There was a designated member of staff who was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment.. We saw records to show that regular health and safety checks were carried out and that regular servicing and checks were also carried out on equipment. However, we found that some of these checks had failed to identify issues.

An environmental fire risk assessment was in place dated September 2015. The risk assessment recommends that the loft areas were not used for storage as there were no fire doors or compartmentalisation. We saw archive box storage on metal shelves. The maintenance person told us this had been seen by the fire brigade and they had not made comment on it. However we also saw left over items and props from a film crew in the loft. The risk assessment also recommended that the home find an alternative place to dry clothes other than outside the boiler room. We saw this area was still being used to dry clothes. An action plan indicated that at the time these had been actioned – but were happening again. In the blanket storage room, a new fire door had been fitted as recommended in the fire risk assessment however this was wedged open. Other doors had an auto release on them, this one did not. The wedge was taken away from the door immediately by the maintenance person who said he would report the identified risks to the registered manager.

We looked at a sample of six staff files we saw records to show that safe recruitment and checking processes had been carried out when staff were recruited. We included one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been made. The provider had a disciplinary procedure and other policies relating to staff employment.

We saw that the registered manager had accident and incident records that were completed in full. There



was information recording what actions had been taken in relation to the accidents and incidents and how the identified risks had been assessed and relevant records updated.

We spent time with the housekeeping manager and looked at records of how they continuously checked the environment to ensure it was clean and tidy. After spending two days at the home and touring the home we saw that the home was very clean and tidy and staff worked hard to ensure it stayed that way.

We spent time with the Infection control lead who was also the homes facilities manager. We went through the infection control records and checklists. There was a system in place for checking daily, weekly and monthly. The systems were effective as any actions where issues were found had records of what they had done to rectify the issue and when it had been met.

The kitchen and its equipment was clean and tidy. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits. The kitchen had been rated as a five star the highest level by the environmental safety department for food hygiene. We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing.

We also met with the deputy manager who was the lead for the infection control of the medication area and medication equipment at the home. We discussed the checks that took place and we also received an updated medication procedure that included all the infection control checks on equipment that took place.

## Is the service effective?

### Our findings

We asked six people what they thought about the skills of the staff and if they were competent in their roles. Comments received included; "They know what they are doing, good at their job" and they are "Caring staff and are very good at their jobs".

We looked at staff training records. Staff were up to date in training, for providing care and support for people living at The Turner Home. We looked at the training material and information and saw that the training was provided in house by the provider and sometimes used external trainers. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

The staff we spoke with had completed the provider's mandatory training. Staff told us that they were happy with the training provided and they thought there was a lot of it. Comments staff made were "I do lots of training and it's good too, interesting". "I am up to date with training and the manager puts notices up for staff of training that is coming up". There was an induction programme that included shadowing other staff and completing training specific to their roles. Staff we spoke with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

Staff spoken with told us that they had supervision meetings with senior staff and the management team. We were told by all of the staff we spoke with that they had received an annual appraisal. Some of the staff spoken with told us that they were appropriately supported and that there was an open door policy at the home where they could talk to one of the management team about any concerns they may have. Other staff however told us that they did not feel supported by the manager and had discussed some issues in their supervision meetings and were unhappy with the response.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spent time with the deputy manager who was knowledgeable about the MCA and the home had implemented a clear concise procedure with records in place to show what actions had been taken in relation to people's mental capacity. We looked at six care plans and all clearly showed that MCA assessments had been undertaken and when the local authority had been liaised with. There was a file in

the managers office that contained 28 application records of DoLS that had been applied for.

The eight staff we spent time talking with were aware of the MCA and some of the impacts it had on their role. All care staff spoken with had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent; gave people choice; encouraged their independence and by consulting with and involving, relatives.

We observed staff interacting with people throughout the two day inspection. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments and being reassuring to people. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to informed us that staff met their individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. However the people who had been got up early by the night staff did not have access to a drink until 08:00 when a tea trolley was taken around as breakfast was not served until 09:00. The chef was very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime.

We were present for the lunch meal which was soup, a mixed grill with coconut sponge and custard for the desert. The staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. A variety of sandwiches and soups were provided. Comments from people were that the food was, "Very good" and "Nice". The majority of people had their meals in the dining room. We sampled the lunch and it tasted good.

The provider checked people's weight regularly and made recommendations about their diet. People who required a specific diet were provided with this; including soft diets and nutritional supplements. We looked at two observational records for people who were being monitored for food and fluid intakes. These observational records were seen to have been completed appropriately.

People were supported to attend healthcare appointments in the local community, the deputy manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing. Staff were also alert competent in noticing changes in people's behavior and acting on that change. There were discussions with the deputy manager and senior nurses and staff throughout the inspection about people's health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The deputy manager told us that the doctors visited the home as required.

People had been enabled to personalise their own rooms, three people showed us their rooms. They told us they were happy with their rooms and if they had an issue with their rooms, they would report it to the managers. We looked at the maintenance records that showed that any issues were dealt with promptly.

The home was surrounded by a large garden that was well kept. People told us they really liked looking at the garden and enjoyed warmer weather when they spent a lot of time outside.

## Is the service caring?

### Our findings

The six people we spoke with told us that staff treated them well. Comments included, "Staff look after me very well" and "I'm well cared for". We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported where necessary, to make choices and decisions about their care and treatment. We observed staff reacting promptly to call bells and to people requesting support in a respectful manner.

We saw a member of staff talking with a person who was extremely anxious and continually shouting. The member of staff was respectful to the individual and calmed them down by explaining why they were at the home. We discussed the person with senior staff and was informed that all relevant professionals were involved in the care being provided. There were also records in place to show what actions had been implemented. The person was moving imminently to a new home that was more suitable for their needs.

We saw that staff respected people's privacy and were aware of good practice in regard to people's confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges as they chose.

We observed people being listened to and talked with in a respectful way by the deputy manager and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the staff members, managers and with the people living at the home was respectful, friendly and courteous.

The deputy manager and staff told us that if any of the people could not express their wishes and did not have any family or friends to support them to make decisions about their care they would contact an independent advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the deputy manager that no one had recently utilised this service.

Most people were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if their support was needed.

The Turner Home provided end of life care with the support of other healthcare professionals who would be requested to support the person. The deputy manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare. We were told that there was one person currently living at the home that was being provided with end of life care.

## Is the service responsive?

### Our findings

People we spent time with appeared to be or told us they were happy with the care provided by staff. People said "Staff are always asking me if I'm ok" and "I'm ok I meet my friends and go outside". We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them. For example one person required a lot of attention and staff were seen on both days to talk calmly to the person and advising them and escorting them to where they wanted to go. Another person was required to have one to one staff and we saw staff working with the person to meet their needs.

We looked at six people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide for people. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. Staff were knowledgeable about all of the people living at the home and what they liked to do.

We looked at the care plans for the people who were up and dressed and waiting in communal areas when we arrived at the home at 06:00 on the 9 August 2016 as written in the safe part of this report. The care plans for sleeping in four of the care plans stated individualised times for getting up in the morning, none of which were before 8am. This meant that they were not receiving the person centred care as agreed in their care plans. We heard one person shouting from their room when we walked around the home at 06:30, we knocked and entered. The person was in a wheelchair by the door and was fully dressed and his call bell was on the floor next to him. We asked staff why they had left the person in their room and was told they were assisting another person and where going back to take the person to the lounge. We asked why his call bell was not in his hand and were told by staff that the person was unable to use the call bell.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. People were not receiving the person centred care and treatment that was reflected in their care plan preferences as to what time they wanted to be supported to get up out of bed.

We spent time talking to people about activities and were told that there was always something taking place. Comments included "I am asked to do activities here if I want to, I do" and another person commented, "There are things going on here, I don't bother". The activities were mainly group activities; we discussed one to one activities and were told that they do take place, the activities coordinator visited people in their rooms. We discussed providing specialised activities for people with dementia and the deputy manager told us they had started a new programme of activities and had set up two people's books called 'This is me' with an aim to do this for all of the people living at the home. We were told that because there was only one activity coordinator they did not have a lot of time across all the people living at the home. We discussed activities and one to one stimulation with the deputy manager who agreed that one person was not sufficient in meeting the wellbeing needs of the 52 people currently living at the home.

We saw people in the main lounges sitting with the TV's switched on. Staff were talking to people however they were predominantly supporting people with their care needs. A lot of the people at the home smoked

and due to the fire risk assessment they had agreed that staff would hold all cigarettes in the office. We questioned this and were told that this is an agreement made when someone moves into the home. There are designated covered smoking areas of the home that were joined to the main building that is provided for them to go and have a cigarette. We saw that these areas looked comfortable for the people. When we asked people about this procedure we were told "Its ok they give me my cigarettes when I want them" and "Staff have always given me my cigarettes".

There was also a sweet shop that the activities coordinator had set up that opened in the afternoons where papers, sweets, crisps and canned drinks were sold.

People's needs were formally reviewed monthly or more frequently if required. There were brief monthly comments on the care plan records that showed senior staff had assessed the person and documented if there was any changes to the care and support provided. We asked people about their reviews of care and their care plans. Not all people were fully aware of their care plan and the care they had agreed to as they were not able to fully understand our questions.

People told us staff listened to any concerns they raised. There had been no complaints raised at the home in the last twelve months. However there were earlier complaints that had been closed and we saw all of the information was in place to record what the registered manager had done to investigate the complaints raised and the outcomes of those complaints. We were provided with a copy of the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the front door. Also the complaints procedure was given to all of the people living at the home.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs. We observed conversations taking place and telephone calls being made to professionals making appointments and referrals for people's health and wellbeing.

## Is the service well-led?

### Our findings

People we spoke with told us that the managers were always available. People's comments included "The manager is very good" and "Really nice managers".

There were systems in place to assess the quality of the service provided in the home which included, weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for January 2016 to July 2016. However, these systems had been ineffective in recognising insufficient staffing levels, health and safety concerns and choices in relation to person centred care so people could choose what time to get up each morning.

There was a three tier management structure at The Turner Home which comprises of the registered manager a deputy manager and senior staff to support the team of carers. The leadership was visible and it was clear that the managers knew the people who lived in the home. Most senior staff told us that they had a good relationship with the managers who were supportive and listened to them. We were told by a few staff that they did not find the manager approachable. We observed staff interactions with the deputy manager and senior staff which were respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The managers and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a good place to work, I love working here", and "I think we do provide good care here, we all work hard". Another comment was, it's a "Great place to work". The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We looked at the ways people were able to express their views about their home and the support they received. Information that we looked at showed that meetings had taken place and people were asked if they had any issues. We saw that people who lived at the home and relatives and staff were provided with feedback forms in April 2016. We saw twelve people's returned questionnaires that were all very positive. There were four professional questionnaires completed that were also positive about the home and staff, one said "I think the care I have observed is exemplary and would be more than happy for my father to be a resident here".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in the past however two recent notifications sent to the relevant local authority had not been sent to the CQC. When discussed with the deputy manager we were told that the person who had been delegated to inform the CQC had ticked the record to inform they had done so. We discussed that senior staff spoken with were not aware of this procedure. We did receive the information on the 9 August 2016. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the inspection. All were seen to be up to date and relevant.

Monitoring records looked at for two people were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's food and fluid intake. Confidentiality was maintained with locked filing cabinets and a password protected computer which was secured in place.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not receiving the person centred care and treatment that was reflected in their preferences as to what time they wanted to be supported to get up out of bed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not sufficient numbers of staff on duty at night to make sure that they could meet peoples care and treatment needs.