

Sanctuary Care Property (1) Limited

Hastings Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Hastings Care Home is registered to provide accommodation for up to 63 older people who need personal care. On the day of our inspection there were 57 people living at the home.

The inspection took place on the 1 and 2 March 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said there was sufficient staff available to keep people living at the home safe. However they said sometimes there were delays in staff responding to people's needs. They told us that at certain times and in certain areas of the home more staff would improve the quality of their care. They told us staff were caring and promoted people's independence as much as possible. People told us they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and their relatives told us they had access to health professionals as soon as they were needed, and there was a weekly visit from their GP for most of the people living at the home.

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. Relatives said a thorough assessment of people's needs when they arrived at the service really supported staff to know their family member well. People living at the home were able to see their friends and relatives as they wanted. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. We saw the registered manager had put improvements in place as a result of complaints made, and monitored the results.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them.

The management team had assessed people's ability to make specific decisions about their daily life when needed. They had put in place support for people when they needed, to ensure decisions were made in a person's best interest within the legal framework. We saw applications to the supervisory body were made when needed. This was to ensure any decisions to restrict somebody's liberty were made by people who had suitable authority to do so.

People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The registered manager also sought the views of relatives and professionals. The provider and registered manager had systems in place to monitor how the service was provided, to improve the quality of care provided. The actions needed to improve staffing levels had not been completed at the time of our visit.

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

People were supported by staff who understood how to provide and meet their individual care needs safely. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

Some people needed support with decisions; this was assessed to ensure people's best interests were protected in a lawful way. People's needs were met by staff who were well trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were involved in all aspects of how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

People were not always supported by staff in a timely way. People who lived at the home and relatives felt listened to. People were supported to make everyday choices and engage in past times they enjoyed. People were regularly asked for their opinion on how they were supported.

Is the service well-led?

Good ●

The service is well-led

People and their families were able to approach the registered manager and the management team at any time. People

benefited from a management team that regularly monitored the quality of care provided and sought to continuously improve the quality of care.

Hastings Residential 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.

This inspection took place on 1 and 2 March 2016 and was unannounced. The inspection team consisted of one inspector, an expert by experience and a specialist adviser. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser was a specialist in Dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who lived at the home, and eight relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the registered manager, deputy manager and 15 staff. We also spoke with the area manager and a local GP who provided regular support for most of the people living at the home. We looked at three records about people's care. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the

registered manager and the area manager completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I always feel really safe and well cared for here." Relatives we spoke with said their family members were safe. One relative told us how well staff supported their family member, and that staff knew their family member really well.

We spoke with staff about what actions they took to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. They were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware their responsibilities to report concerns to the correct authority in a timely way. Staff told us they knew people really well and would be aware if a person was distressed or worried about anything. One member of staff said, "We always listen to people and know by their body language if they are not happy." There were procedures in place to support staff to appropriately report any concerns about people's safety.

Staff told us they received information about the people who lived at the home during handover. This supported them to be aware of any current concerns about each person's health and wellbeing. Staff said they were able to contribute to the safe care of people by sharing information with their colleagues at handovers. They raised any issues or concerns which may have led to a review of a person's risk assessments or care planning. Staff told us immediate concerns would be discussed and they would take action straight away. People had their needs assessed and risks identified. We saw that people were supported to be as independent as possible whilst making their own choices. For example we saw that one person was supported to smoke in a safe way, this had been assessed and staff were aware of the support they needed to provide. Staff said they followed plans to reduce these identified risks, and they were regularly reviewed.

People we spoke with said there were enough staff on duty to keep them safe. Although some people living at the home said there were delays when meeting their needs, they all said they were safe. Relatives said their family member was safe, they said there was usually sufficient staff on duty to meet their relative's needs in a safe way. Staff told us people were safe, however some staff said there were times when there were delays in meeting people's needs and the registered manager was taking action to address this.

We saw during our visit that there were sufficient staff to meet people's needs. Call bells were answered in a timely way, and we saw auxiliary staff and activities staff supporting people in the lounges with pastimes and conversation. For example we saw that a member of the administration team sat with one person to read their newspaper with them during their morning break. We saw that this was a regular occurrence; the person participated and was confident and relaxed through the exchange.

We spoke with the registered manager and the regional manager. They explained they used a dependency tool to ensure enough staff were available to meet people's needs. We saw this tool was reviewed regularly to ensure they had accurate information. However the tool gave the outcome for the entire home rather than specifically the different floors, and different times of day. The registered manager completed a night

visit once a month to monitor how care was delivered. The registered manager and the deputy worked alternate Sundays, most Sundays one of them would be at work to monitor the quality of care provision.

Staff we spoke with said they were well supported when they started working at the home. They had read all the care plans for people and spent time being introduced to people and shadowed experienced staff. They completed an induction which supported them to have the skills to meet people's needs, and they were assessed by the management team to ensure they were able to meet people's needs. Staff told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "It's good that staff give me my tablets, it stops me worrying." Relatives told us they were confident their family members received the support they needed. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. We looked at how staff were supported to administer medicines that were prescribed as 'when required'. We saw there was clear guidance for staff which included supporting information. For example, we saw guidance for one person prior to administering medicines to reduce anxiety was, 'If anxious or unsettled, kind words, a smile and a cup of tea usually works'. We spoke with staff and they were aware of this guidance.

Is the service effective?

Our findings

People we spoke with said staff knew how to meet their needs. One person said, "They (staff) are really good, they know what to do." Relatives we spoke with said staff knew how to care for their family member.

Staff we spoke with said their training needs were monitored and they were provided with refresher training when it was needed. They also told us they were supported to complete vocational training which validated their knowledge and skills. Staff we spoke with were able to explain how their training increased their knowledge on how to support people living at the home. For example, we saw that a member of auxiliary staff was attending training about dignity in care. They told us that the training was really useful and helped them have a perspective about how people feel when living in a care home. This supported their understanding of people living at the home. The registered manager said that it was really important that all staff attended training, for example dignity in care, because it gave everybody a fully comprehensive view. Staff told us they were supported with training in several ways, class room learning, e learning and practical instruction. Staff said they could access their e learning whilst on shift or come in on their days off and receive payment for the time spent keeping their skills updated. Staff told us their working practices were assessed to ensure people's safety and provide effective care. For example how to safely support people with mobilising and the administration of medicines.

Staff we spoke with said the registered manager always ensured their mandatory training was up to date. This was to ensure they had the skills to effectively support people who lived at the home. They explained they were encouraged by the registered manager to request additional training to improve their skills. Staff told us they were supported to complete the training they needed. One member of staff said, "I have asked for extra dementia training and the manager has sorted for me." Another staff member told us, "I did ten days over a few months on a course covering Dementia in 2014." They went on to say how the dementia training had improved their practice at the home. All staff we spoke with said they had received training about the Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the act. They had a good understanding and were aware of their responsibility to ensure they complied with the act. We saw assessments were completed where needed and family and health care professionals were involved with this assessment. One relative we spoke with told us they were involved in

discussions about their family member's capacity and were aware that further steps were undertaken to support their family member.

Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people and supported people living at the home to make decisions for themselves about how they were supported. For example, we saw staff offering a choice of meals on one unit. People were able to see the choices at the mealtime so were able to decide exactly what they wanted to eat at the time. All staff we spoke with had an understanding of the MCA, and how that translated to their work practice.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoLS applications when needed, and had a system in place to keep them under review. They understood the process accessed support when needed through the community mental health teams.

People we spoke with said they had choice about what they ate and drank at the home. One person told us, "Really good food." Another person said, "Anything you want you can have." One relative told us, "When (family member) came here they were frail and thin, but look at them now, back to their healthy self and enjoying life again, it's been wonderful." Another relative told us how they bought in their family member's favourite fish and the chef cooked it for their family member. The relative told us how much their family member enjoyed this. They said how much their relative enjoyed the meal. All the mealtimes we saw were a positive experience for people living at the home. When extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. One relative told us how they visited their family member most days and regularly ate with them. They said they felt this supported their family member, and staff told us that the person ate well when their family member was with them.

Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. When extra support was needed from outside agencies we saw that this was sought and advice followed. Staff knew who needed extra support. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they had access to their GP. One of the GP's from the local surgery visited weekly to monitor people registered with them. We spoke with the GP and they said staff knew people living at the home well and there was good communication between the GP and staff. People also said their dentist and optician visited them at the home when needed. We saw people were supported to keep their medical appointments with the support of staff. Relatives we spoke with said their family members received support with their health and wellbeing. Staff we spoke with explained how important it was to monitor the health of each person to ensure their health and well-being.

Is the service caring?

Our findings

People we spoke with were very positive about staff; they told us staff were caring and kind. One person said about staff, "They are warm and friendly." Another person told us that staff were, "Just wonderful." A further person told us they had been anxious before they came to the home, but once they had arrived it was a real surprise, they said, "It's really good here, there's nothing I would change." We saw caring conversations between staff and people living at the home.

Relatives told us they were happy with their family members care. One relative said, "The staff here are their best asset, they really go the extra mile." Relatives told us they were welcome to visit at any time. Another relative told us, "We come and go whenever, my sister too." They told us they felt involved and included in the care planning for their family member and felt welcome to visit the home. One relative told us how they visited with their dog, because their relative enjoyed seeing the dog so much. One visitor we spoke with who was a volunteer told us, "I do it because my Mum was here until she died last year and they gave us wonderful support at the time."

Staff engaged with people in a kind and friendly manner, sharing a laugh and a joke with people. For example, we saw a member of staff chatting with a person whilst they were eating their lunchtime meal. The member of staff ate their own meal too and we saw how this encouraged the person to eat in a relaxed way. We saw staff reached out to people, either with a friendly word, or a reassuring touch throughout the day. Staff we spoke with knew people well, they were able to speak to people about things that interested them and knew people's histories well.

People we spoke with said they had choice in how they were supported. They said staff knew them well. One person told us, "I can get up, or go to bed when I like. They (staff) know my routine now so will bring me a cuppa when I am ready for bed. I am very fortunate being here." Another person said, "(Staff member) always helps me have a shower every week, and I even had a bath last week, it was lovely", adding that the person preferred a particular member of staff and confirmed that it was usually that particular member of staff who supported them. We heard staff calling people by the name they preferred. People told us they were supported with their choices in how they looked. We saw that people's rooms were personalised and people had a choice of different communal rooms to spend time in.

People and their relatives told us they were treated with dignity and respect. We saw staff consistently knocked people's doors before entering their rooms. One person said, "They (staff) never rush me, I always feel important to them (staff)." Staff said maintaining people's dignity was very important to them. We saw a group of staff attending dignity training. The staff we spoke with said the training was useful because it kept them focussed on thinking about how each person feels.

We saw there were "memory boxes" outside each person's room which personalised people's space and supported people to identify their room easily. There was clear signage for people to identify designated areas to support their orientation at the home.

Is the service responsive?

Our findings

People we spoke with said there were enough staff on duty to keep them safe, however some people said they waited for staff to support them. One person said, "They could do with extra staff definitely, especially in the mornings." Two relatives we spoke said that sometimes there appeared to be not sufficient staff available to respond to people in a timely way. One relative we spoke with told us, "There are not enough staff, my (family member) finds it too when they visit in the evening", adding "when they are busy in the lounge residents aren't responded too very quickly, I've heard residents say so too."

Five of the staff we spoke with said there was not always enough staff on duty to support people's needs in a timely way. One member of staff raised the concern that on one floor there were only two members of staff on duty during the day. However five out of 14 people required support from two members of staff when mobilising. They said that this meant that on occasions people could wait for support from staff longer than they would like. The regional manager said they monitored the time taken to respond to the call bells. They said they did not monitor this routinely, just when they had concerns. They showed us the call bell logs for the weekend before our visit. We saw on 23 occasions people waited over ten minutes before their call bell was turned off across the whole of the home. The regional manager and the registered manager said they would investigate why there had been delays in turning call bells off over that weekend. They had been aware of concerns about delays in care at certain times of the day and were already taking some action and were looking at ways to improve. As a result of looking at the call bell logs with us the registered manager took immediate action. They changed the shift pattern for at least one member of the night staff team every night to start from earlier in the evening, and work a longer shift to provide extra staff at those times of day. The management team also told us they would recruit additional auxiliary staff to work over the weekends to provide more staff to support people in a more timely way. However these actions were not completed therefore we were unable to measure the effectiveness of the changes to the quality of peoples care.

Night staff we spoke with said there were not always enough staff on duty at night, they felt an additional staff member every night would improve the quality of care provided. The night staff we spoke with said the registered manager had listened to them when they raised the concern and had agreed to an extra member of staff every night. However this was not happening consistently at the time of our visit. The registered manager was taking action to address the staffing issues through recruiting extra staff. We were unable to measure the effectiveness of these improvements because the actions were not completed.

People told us they were involved in all aspects of their care planning. One person said, "I am listened to." Relatives said they were included in their family members care. One relative told us, "I was involved in the beginning when my (family member) came in." We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. We saw that a full assessment was completed before people arrived at the home to ensure they could meet people's needs. Another relative who's family member stayed at the home on a short term basis, said, "The manager and staff who assessed (family member) made a real effort into seeing who (family member) was and is, even though my (family member) is only here for a short time really." Staff told us that information was continually added so they knew as much as possible about the person and their history.

Staff we spoke with said people's care plans were regularly updated. We looked at three people's care plans and saw that they were regularly reviewed and held up to date information. Staff said that regular reviews were held for people to ensure people were happy with the support they received. We saw one comment from a relative that appreciated a DVD that had been provided by the registered manager. This supported the relatives understanding of dementia, and the relative had commented that it was 'helpful.'

We saw on the first day of our visit that a coffee morning had been arranged. The registered manager said it was important that people kept their links with the community where possible. The coffee morning had been advertised in the community for people to visit and enjoy a beverage and cake. We saw there was good atmosphere during the morning, and people living at the home attended with their families as they wanted to. People said they enjoyed the event, and spent time with people from the community, volunteers and their relatives. They said there was a coffee morning on a regular basis.

Later in the day, we saw people participating with various paintings associated with St David's day in one area of the home. The activities co-ordinator had brought in some daffodils too so people living on the middle floor could have one. Whilst they were painting there was a light hearted atmosphere with positive communication amongst people and staff, and all those present were included at varying times.

We saw people chose whether they wanted to engage in organised social events or not. People told us these included having a pianist visit most weeks to play tunes of their choice. The activities co-ordinator told us they spoke with everyone living at the home every week, to discuss the planned events. They had a folder which included pictures of events to support some people's understanding and choices of what was available. People told us outings, including visits to the local public house happened regularly when they wanted them.

People said they would speak to staff about any concerns, they said they had not had a cause to raise any concerns or complaints. One person said, "I am happy here I wouldn't change a thing." Another person told us, "I don't have any complaints."

Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, "If we have issues we raise them immediately, I feel they are acted upon, yes." We saw there were complaints procedures available in accessible formats for people and their relatives. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home. We looked at how complaints were investigated and what actions were taken from the outcome of the complaints. We found that the registered manager used the learning from complaints to improve the quality of care for people living at the home.

The registered manager regularly used questionnaires to gain feedback from people, relatives and professionals. For example, we saw most of the comments from the professionals were positive. One comment from the community nurse team that regularly supported people living at the home was that standards of care were really good and that the 'home' had a good feel. Where concerns had been raised about the lack of communication by one GP, the registered manager had actioned them in a timely way. One of the actions was to have a regular meeting once a day, with a member of staff from each area of the home, to share an overall picture of what was happening at the home. Staff said this had improved communication.

We saw the service provided a monthly newsletter for people involved with the home. The deputy manager told us that recently they used a questionnaire for people living at the home, friends and families. The questionnaire was to support the content of the newsletter, activity feedback and also to request volunteers.

The results included suggestions and some offers of volunteers to support different events, for the management team to carry forward.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and we saw people enjoyed talking with them. One person said, "The manager is really good and knows all of us well." Relatives told us they were confident with the registered manager and staff at the home. One relative said, "(registered manager) was brilliant with me throughout the transfer of my (family member)." The registered manager told us the culture of the home was about ensuring people living at the home were happy with their life. They said it was important that people had interesting things to do and staff that were passionate about the people they supported.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had clearly defined roles and responsibilities and worked as part of a team. The registered manager explained that a core team stayed on each unit for continuity and ownership, whilst the rest of the staff team rotated around the different units, to ensure knowledge and staff skills were constantly kept up to date.

Staff told us the registered manager, and the deputy manager were always available when they needed to speak to them. The registered manager said they shared the out of hour's availability with the deputy, so staff could always contact one of them for advice. They also said they shared working on a Sunday to support staff and to be available for relatives that wanted to see them at the weekend. Staff also told us they would raise any concerns with the registered manager or the deputy manager. One staff member said, "(The registered manager) is very approachable and we see them regularly on the floor. If we need to talk to (the registered manager), they are always ready to meet us." Another member of staff said, "(The deputy manager) is brilliant. They are always around, seeing what is happening and supporting us."

Staff told us there were regular staff meetings that shared information about what was happening at the home. This also ensured that all staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said they felt these meetings were useful and they felt supported. One member of staff told us, "We know what is happening as we have regular meetings with the managers." Another member of staff said, "I feel very supported by the senior staff and can always ask for advice." They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the management team. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. One member of staff told us, "I love it here. I came on placement and worked up to senior carer. They have helped me get NVQ 3 (national vocational qualification) and I am now about to go for NVQ 4." Another member of staff said, "It's a nice place to work. If I wasn't happy here I would go elsewhere; there are lots of other homes I could work in." However six staff raised concerns about the lack of staff. Two members of staff mentioned the lack of staff at night. The registered manager had listened to staff and was recruiting additional night staff to ensure the extra shifts could be covered. The registered manager and the deputy regularly monitored the care at nights by attending a night shift on a monthly basis.

Further staff raised concerns about the number of staff on the ground floor. They were concerned that two staff on duty could not always meet people's needs throughout the day. Staff told us people were safe but were concerned about people waiting for support because some of the people living in that area needed support from two members of staff to mobilise. People and relatives said that extra staff would be of benefit, particularly in the morning and at weekends. The provider and the registered manager monitored the call bell system to check how long people were waiting for a response to their call. After our visit the registered manager was trialling changes in shift patterns that meant additional staff in the evenings and mornings. They also were recruiting for additional auxiliary staff at the weekends to improve the quality of care provision. We were unable to access the effectiveness of these changes at the time of our inspection; however the provider had systems in place for on-going monitoring.

The registered manager and the management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. The manager looked at where and when the accidents happened. The registered manager had a sensor system that could be put in place for people to reduce the risk of falls. One relative told us how they were involved in changes in the room lay out and the registered manager purchasing an adaptable bed which reduced the number of falls their family member experienced.

The regional manager regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider looked at how people's care plans were completed, and the overall health and safety of the home. We saw the regional manager looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that area's identified for improvement had been acted on and were subject to on-going monitoring. There were action plans in place, for example staffing levels that were reviewed regularly with the provider and the registered manager.