

Care Management Group Limited

Grange Court

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grange Court is a residential care home providing personal care to five young people with autism at the time of the inspection. The service can support up to six people.

People had their own bedrooms and bathrooms. Two people's bedrooms were referred to as 'flats' because they had their own living spaces. There were shared lounge, dining and kitchen rooms, and a large garden. The staff sleep-in room was on the second floor of the home.

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. The principles and values 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's experience of using this service and what we found

Our inspection was partly prompted by concerns we received. The concerns related to the lack of permanent staff at the home impacting safety and the quality of care.

We found breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staffing levels, skills and knowledge, as well as the governance of the home.

We found people were not always supported by staff who knew them well. People's parents and staff told us this could cause staff to lack confidence. As a result, some people may respond with behaviours staff found challenging to support. There were incidents of staff receiving serious injuries. Incident forms referred to staffing as a potential trigger for the behaviours. Staff told us they or their colleagues had felt unsafe coming to work at times.

Recruitment initiatives had not proven to be successful, there were long-standing staff vacancies and the home relied on the support of temporary or agency staff. We were advised there were nine full-time staff vacancies. Rota's showed the home was staffed with more temporary staff than permanent staff on a regular basis. The temporary staff were based at the home on short term contracts and were employed by the provider. The home was particularly short of female staff members. More female staff were needed to meet people's personal care support needs.

Records relating to people's care were not consistently kept up to date. This included records of people's fluid intake. The regional manager told us staff were required to record and monitor the person's intake because people were unable to tell staff when they had a drink.

People's mental capacity assessments had not been reviewed and for some decisions there was not a formal best interest decision in place. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how to apply these to the care they provided.

There was a temporary manager in post and a newly appointed home manager, both were supported by a regional manager. There was a planned three-month handover period between the home managers. The temporary manager had been in post from another service since March 2019.

Where audits identified improvements were needed, the temporary manager had acted upon these, or had plans to address them. This included where there were gaps in staff training and delays in staff supervisions. The temporary manager had scheduled staff onto the training sessions and planned dates for the supervision meetings.

The temporary manager had begun working on developing the culture in the home, to promote staff taking initiative and thinking creatively. We saw in a senior staff meeting staff share ideas to develop people's activity plans.

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

This is the first inspection since the provider had changed. The service was registered with us on 11 January 2019.

Why we inspected

The inspection was prompted in part due to concerns received about the lack of consistency in staffing and the impact this had on people and the staff team. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Grange Court

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 completed by one inspector.

Service and service type

Grange Court 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 had a temporary manager and a newly appointed manager, yet to register with the Care Quality Commission. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to reduce the likelihood of our inspection causing any distress or increased anxiety to people living at the home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We observed interactions at a distance, so as not to impact people living at the home. We spoke with relatives of three people about their experience of the care provided. We spoke with nine members of staff either through formal interview or informal conversation about their role and working at the home. The staff members included the regional manager, temporary manager and newly appointed manager. The newly appointed manager was in their first week of employment at the home.

We reviewed a range of records. These included care plans and daily records for three people, and medicine administration records for five people. We looked at rota's, handover records, four staff recruitment files, and records relating to agency staffing. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not always supported by staff who knew them well. The home relied on temporary and agency staff, as well as staff from other services. The temporary staff were employed by the provider and worked at the home on three-month contracts. There were agency staff who had worked at the home on a regular basis. The home also used agency staff for occasional shifts or those who had not worked at the home before.
- Recruitment initiatives had proven to be unsuccessful. There were vacancies for nine full time support workers. Meetings were in the process of taking place between the regional manager, home manager and the provider to discuss different ways staff could be recruited. The regional manager described the staffing situation as "critical" and "the pinnacle of concerns" at the home.

We found no evidence that people had been harmed. However, evidence seen, and feedback received told us the service did not have effective staffing. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Offers of employment were subject to employment and character references, as well as Disclosure and Barring Service clearance (DBS). DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Learning lessons when things go wrong

- There had been incidents at the home which had caused serious injuries to staff members. The documentation of the incidents referred to staffing as a potential contributing factor. This was because people were being supported by staff who did not know them well. Different staff told us they felt there was potential for incidents that lead to staff injuries to occur again, despite all positive behaviour support plans being followed. One staff member said, "I have serious concerns about the safety of staff in this home." The shortfalls in recruitment did not support the management team to reduce the likelihood of these incidents recurring following any learning.
- Where accidents and incidents occurred, there were opportunities for staff to reflect on what had and had not worked well. Records for one person who had experienced choking showed they had been supported with prompt and effective first aid support. Following the incident, a referral was made to a healthcare professional for their input in reducing the likelihood of this recurring.

Assessing risk, safety monitoring and management

- One person had heat sensitive epilepsy, however their risk assessments did not state how the heat should

be managed when bathing.

- Other risks to people's safety were identified and assessed. Risk assessments included steps for staff to follow to reduce the likelihood of risks occurring. For one person at risk of choking, there were clear instructions about the size food should be cut to, to reduce the associated risk.
- Due to the nature of behaviours staff supported people with, staff were equipped with personal protective equipment (PPE). The PPE included hard hat baseball style caps and protective clothing.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to identify and report any safeguarding concerns. They knew they could speak with the management team or raise concerns with CQC and the local authority.
- There were safeguarding posters in the staff areas advising staff about whistle-blowing. Whistle-blowing is the act of speaking out against poor practice.

Using medicines safely

- Medicines were managed safely. There were protocols in place to guide staff as to how and when to administer people's medicines. Medicine administration records were up to date and medicines were stored safely.
- There had previously been shortfalls in how medicines were managed. To address this, more thorough monitoring systems had been implemented. We saw the temporary manager checking staff were completing these checks, to help implement the improved practice.

Preventing and controlling infection

- The home was free from unpleasant odours throughout.
- There were 'home duties' for staff to complete, to ensure the home was clean and tidy.
- Staff had access to PPE including gloves, to help prevent the spread of any infection.

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

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

- The shortfalls in permanent and consistent staffing affected the home being able to deliver care in line with all standards and guidance around best practice care for people with autism. The National Institute for Health and Care Excellence guidance states staff in residential care settings should be 'Consistent and predictable'.
- One person's relative told us the home were not meeting the agreed support package which was based on assessments of the person's needs. This was because of shortfalls in staffing. They explained the home had agreed to provide a core staff team, with the right skills mix, who would get to know the person well. It was not possible for this to consistently be provided, due to unsuccessful recruitment at the home.

We found no evidence that people had been harmed. However, evidence seen, and feedback received told us the service did not have effective staffing. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's local authority care reviews were out of date. The temporary manager was trying to make contact with the local authority to schedule dates for the reviews to take place, however the local authority were not responsive to these requests.
- People's physical, mental and social needs were assessed prior to their admission to the home. People's care plans reflected their preferred routines and usual choices.

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.

- Assessments of people's mental capacity had not been routinely reviewed. We found assessments for one person were completed in 2015, with no records of these decisions having been reviewed.
- For two people, there were assessments in place with no best interest decisions. The documentation said the person's GP would complete this, but there were no records of the GP having been consulted or the outcome of their decision. This related to the administration of covert medicines for one person and for another person to have a contraceptive injection. The temporary manager took action with immediate effect to respond to this feedback and contacted the GP surgery for further information.
- DoLS applications were vague and lacked information about the restrictions placed on people. These restrictions included the use of audio and visual monitors, which were put in place to observe people when staff were not present. There were no records to show the monitors were the least restrictive options for the person and for their safety.

We found no evidence that people had been harmed. However, records and assessments were not kept up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood the principles of the MCA and knew how to apply these to their role. They told us how they would encourage people to be involved in decisions and seek their consent.
- When mental capacity assessments were completed, there were pictorial documents personalised to the individual regarding the decision. These were to help the person be involved.
- DoLS applications had been made and were awaiting approval from the local authority.

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

- Records to monitor how much people had to drink were not consistently kept up to date. It was not possible to confirm if this was because people were not offered drinks, or if the shortfall was in staff record keeping. The regional manager told us staff were required to record each drink a person had, because people were unable to tell staff if they had drunk enough in the day.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate the service had oversight of people's fluid intake. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed people had been supported to eat a variety of different foods and to have access to snacks between meals. We also saw people being supported to go out for meals at restaurants in the local community.

Staff support: induction, training, skills and experience

- Staff supervision meetings were delayed due to the staffing shortfalls at the home. The temporary manager had plans to address this and to ensure the meetings were scheduled for the near future. Staff told us they felt they could speak with the home supervisor, the temporary manager, or the regional manager at any time if they needed support.
- People were supported by staff who were up to date in their mandatory training. Where training refreshers were due, there were dates scheduled for staff to attend these. Although staff had or were due to receive mandatory training, this would not teach them about people's specific care needs.
- Staff received training in a variety of different areas, including first aid, safeguarding, and fire safety. Staff told us they would feel comfortable asking for further training if they felt there was a shortfall in their knowledge or skills.
- Agency staff profiles were received prior to staff working at the home, these confirmed the training the staff

member had completed. One relative told us their family member was regularly supported by a block-booked member of agency staff. They told us, "You wouldn't know he is any different to permanent staff."

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

- Areas of the home needed redecoration. There was a damaged door awaiting repair. There were also longstanding issues with the hot water and drainage systems in parts of the home, which staff worked around. These were in the process of being addressed through the provider's maintenance worker and external contractors.
- People chose the colour of their bedrooms. Bedrooms were personalised and arranged in the way people preferred. One person's relatives told us their bedroom was the same colour as they had growing up at home.
- Two people had bedrooms and living spaces referred to as their 'flat'. For one person this included a kitchenette, dining and living area. To support the person's needs there were blackout curtains and the room had air conditioning to maintain a cool temperature.
- There were plans to redevelop areas of the home and these were in the process of being discussed with people's parents. The investment had potential to benefit people by offering them more space to use independently.

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

- People were registered with healthcare service providers, including the GP and dentist. Where possible, home visits were arranged, or telephone consultations. This reduced the likelihood of people experiencing increased anxiety in healthcare settings.
- The home consulted with healthcare professionals for support to meet people's needs. These included psychiatrists and a speech and language therapist. Guidance from the professionals had been written into people's care plans.
- People with epilepsy had protocols in place which detailed how staff should support the person in the event of a seizure. One person's relative told us they were happy with how their family member's epilepsy needs were supported.

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 this inspection this key question has been rated as good. 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

- People's relatives told us their family member was treated well and supported to live a happy life. Their feedback included, "[Family member] is the happiest they have ever been", "Being here is a new lease of life for [family member]" also, "The way they talk to [family member] is lovely, always positive."
- We saw staff communicating with people in accordance with the guidance in their care plans. For one person, this was positive encouragement while they were being supported into the car. The staff member had a cheerful approach, and this reflected what was written about how to support the person.
- People's care assessments had included questions about their marital status and sexuality, as well as their cultural, religious and spiritual beliefs. Policies supported these assessments and promoted treating people's diversity and human rights with respect.
- People were supported to celebrate their birthdays. Staff were discussing a celebratory meal for one person and the regional manager encouraged staff to eat with the person. This was to promote a sense of occasion. Another person's relative told us a birthday garden party had been arranged at the home and other people from the home had been supported to attend.
- People were supported to celebrate Christmas. One person's relative told us they visited the home on Christmas Day to celebrate with their family member.

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

- One person's relative told us they felt staff worked well with their family member to understand what they were communicating and to seek their involvement in decisions.
- People were encouraged to be involved in care plan reviews. We saw photographs of review meetings where people met with relatives, staff and social care professionals.
- Documentation had been adapted to easy-read formats, with pictures the person could identify with used to explain information. This helped people to participate where possible in decisions about their care.
- People's relatives told us they felt communication would improve if there were more permanent staff at the home. However, parents kept in touch with their family member and the staff team either through visits, phone calls or emails.
- People had communication tools to help them be involved in decisions about their care. These were used for example, when communicating with people about healthcare appointments.

Respecting and promoting people's privacy, dignity and independence

- There were shortfalls in the numbers of permanent female staff to support people with dignity during their personal care. One person's relative told us an on-call female staff member had to be called in to work because their family member had needed urgent personal care support. There had not been enough female

staff to provide this.

- People were supported between one to three members of staff per person. However, if people wanted to have privacy and time in their bedrooms on their own, they were supported to do so.
- There were plans to redevelop areas of the home and these were in the process of being discussed with people's parents. The investment had potential to benefit people by offering them more space to use independently.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information in people's care plans reflected their preferred routines. However, it would be difficult for agency staff to read and take on board all the information contained in the care plans about people's preferred routines. Continuity with routines, including staff members and staff knowledge, can be important when supporting a person who has autism. Staff meeting minutes from March 2019 showed staff discussed their concerns about staff not following people's routines. The temporary manager assured the staff team they would work to improve this and new allocation systems were put in place.
- People's care plan reviews were out of date and the temporary manager was in the process of scheduling dates for these to take place. However, we were able to observe some care interactions which reflected the care recorded in the person's care plan.

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 benefitted from having personalised tools in place called 'social stories'. Social stories are a well-established and soundly-research approach to supporting people with a learning disability. These could be virtual video-like stories, or slides. The social stories were used to communicate to a person information such as attending an activity like swimming. They included photographs of staff they would travel with, their vehicle, the clothing the person would wear in the pool, and the pool from the outside and inside.
- Staff told us people would benefit if staff knew more detailed sign language communication training. One person at the home was confident in their use of signs and pictures to communicate and taught staff different phrases or words. Senior staff discussed in their meeting introducing a 'sign of the week' for staff to learn and broaden their sign language knowledge.
- There was a communication board in the home's reception area. This contained notices in easy-read format for people to know what was happening in the home and how to raise a complaint.
- Where possible, health and social care professionals had been asked to provide a photograph and easy-read poster to be used to communicate their visit to the person.

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

- People had been supported to visit and spend time with their families and we saw relatives visiting the home. One person had also been supported to attend their father's wedding.

- People had been supported to go on holiday. One person joined their relatives for a family holiday. Their relatives told us how much they had all enjoyed the experience.
- The home was located within walking or short drive distance from the local town. People's relatives told us their family members were supported to access the community. Records showed people went out for meals and went to local places of interest which they enjoyed.
- Work was taking place to develop people's activity plans further. We observed a senior staff meeting, where people's activities were discussed. The temporary manager took immediate action to approve purchasing items which were felt would support activities. The temporary manager explained they were working to promote a culture of wanting to try different activities and to broaden people's experiences.

Improving care quality in response to complaints or concerns

- Where complaints had been received either formally or informally, these had been investigated and responded to thoroughly. Records showed a meeting had taken place to discuss one complaint in more detail with the person's relatives.
- We raised concerns with the regional and temporary managers, following a whistle-blower contacting CQC. The concerns raised were investigated with an open and honest approach, showing where learning had been taken and improvements had been made.

End of life care and support

- The home was not supporting anyone to receive end of life care at the time of the inspection.
- The regional manager knew this may be something to consider when care planning in the future. They explained this would be a gradual process as the home supports young adults and they would work with people and their parents.
- There were hospital passports in place, to accompany people in the event of needing to be admitted to hospital. The hospital passports contained details about how the person communicates and their essential health and social care needs.

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 this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The temporary manager explained there were some staff practices when supporting people which needed improvement to be more person-centred. They had addressed these by working with the staff and putting in place suggestions for trying different approaches. The temporary manager reviewed these approaches with senior staff during the team meeting.
- Improvements were needed with more permanent staffing at the home. With better consistency in staffing, people would receive care and support from staff who knew them well.
- There were examples of people achieving positive outcomes. The temporary manager was working with the staff team to encourage them to share ideas about how people's support could be developed.

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

- Relatives told us they felt there had been professional and timely communication when safeguarding concerns had been raised. They told us they had attended safeguarding meetings held by the local authority and they felt appropriate action was taken.
- The management team understood their responsibility to act upon the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management of the home had changed in the recent months before the inspection. The previous registered manager of the home had not effectively addressed shortfalls in the service, this could have been due to the challenges faced with staffing. The home was managed by a temporary manager. A newly appointed manager was in their first week at the service. The managers were supported by a regional manager. There was also a home supervisor, deputising for the home manager. There was a planned handover period between the temporary manager and newly appointed manager, to ensure knowledge and experience was shared.
- The temporary manager had a strong understanding of where the home needed to improve and what was working well. For example, they knew some documentation needed to be reviewed, and they had put plans in place to address this.
- Shortfalls have been identified for the governance of the service. This related to documentation and assessments not being up to date.
- The temporary and regional managers told us the staffing was the key concern at the home. The temporary

manager explained staff needed to be developed into their roles, to ensure everyone "works in the same direction."

- When we asked the temporary manager to investigate concerns we had received, they had done so in a transparent and thorough manner.
- The temporary manager understood their regulatory requirement to submit statutory notifications to CQC and the local authority safeguarding team.

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

- Staff meetings took place. We observed a senior staff meeting where senior staff discussed communication updates and put plans in place to develop people's activities programmes.
- In the March 2019 staff team meeting, a review of the culture in the home took place. This included what staff liked about working at the home, in which they listed being 'resilient' and working well as a team, 'utilising resources'. They were also asked what was not working well. Staff listed, 'Female to male staffing [ratio], staff being overworked, consistency in [following] guidelines and support [plans], some individuals miss out, [staff who should be shadowing are left on their own], communication with parents, signing of [medicine records], and staff congregating in the office.'
- The temporary manager conducted open conversations with the staff. They discussed how these things could be improved and how they feel recruitment at the home could be promoted. The concerns raised in the meeting four months prior to the inspection demonstrate the lack of permanent staffing was having an impact on people's care.
- Some relatives told us they felt the skills mix and experience of staff meant they would speak with staff who did not know their family member well enough to answer their questions.

Continuous learning and improving care

- While shortfalls at the home were identified during the inspection, the management team at the home knew where improvements were needed.
- Audits took place and were completed by the temporary manager, regional manager, and the home supervisor. Where actions were identified, there were plans in place to address these.
- The regional manager attended a provider meeting during the inspection, to discuss new initiatives to promote the home when recruiting for new staff.
- The newly appointed manager had been made aware of the staffing situation and areas for improvement needed at the home, during their interview.

Working in partnership with others

- The home was supported by communications staff, responsible for ensuring communication tools were up to date and supported people's needs. The communications staff were reviewing each person's care plan during the inspection.
- The temporary manager was supported by three other registered managers in homes located close to the service. The regional manager also based themselves at the home several days per week, to ensure they were on hand to support.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Assessments and care plan reviews were out of date.</p> <p>Records of people's fluid intake were not being completed consistently or with enough information.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not enough permanent members of experienced and suitably skilled staff to ensure people were supported by staff who knew them well.</p>