

Kirklees Metropolitan Council

Ings Grove House

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

The first day of this inspection took place on 6 August 2018 and was unannounced. We also visited on 15 August 2018 for a second day which was announced. Ings Grove House is registered to provide accommodation and personal care for up to 40 people. The home has 30 beds allocated for intermediate care. The remaining places were available for people requiring respite care and people transitioning from hospital to their own homes. There were 36 people at the home during our first day of inspection and 26 people on our second day. People stayed for short periods, generally up to a maximum of six weeks. Over the past year, the registered manager reported there had been 437 people staying on a temporary basis. People requiring intermediate care were supported by a multi-disciplinary team comprising of therapy and clinical staff based at the home. The accommodation is based over two floors linked by a passenger lift.

The service was previously inspected on 11 and 16 June 2017 and was found to be in breach of the regulations in relation to the provision of safe care and treatment, good governance and staffing. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led. At this inspection we found some improvements had been made but there were areas which required further improvement. We found a continuing breach around good governance.

Ings Grove House 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.

There was a registered manager at the home although they were not present on the first day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were stored safely, and procedures were in place to ensure medicines were administered safely, although the application of creams was not always recorded. We saw people received their medicines in a timely way from staff who had been trained to carry out this role although staff were not following current best practice in relation to the signing of medication administration records.

There were sufficient numbers of staff to provide a safe service. However, people told us call bells were not always answered promptly.

There had been an improvement in the way some risks were assessed and managed. However, there still remained areas which required further improvement to ensure all risks to people were minimised through comprehensive assessment and reduction plans.

People we spoke with said they were very happy with the meals provided and were involved in choosing what they wanted to eat and where they wanted to eat their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Most people had the mental capacity to consent to their care and treatment. Where it had been necessary, the registered manager had complied with their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered provider had not fully met their responsibility to ensure staff received periodic supervision, appraisal and training although there had been some improvement from the last inspection. Staff told us the registered manager sought out courses to support their development, following discussions with staff.

People had been referred to health professionals when the need arose and we saw this had positively affected people's wellbeing. The service had the benefit of an on-site multidisciplinary team to provide intermediate care for people assessed as requiring this service.

We observed staff were very kind and caring when they were supporting people with care and they were treated with dignity and respect.

Care records although brief contained information about a person's needs and abilities and outlined the goals they wished to achieve during their stay.

Not every area of care had been audited in enough detail to assess the quality of the service provided. Delegated tasks had not always been completed. Where audits identified shortfalls, it was not always clear improvements had been made as we found similar issues recurring from our previous inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing and good governance. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not always safe

Not all risks had been minimised and there was a lack of detailed guidance in some care plans to ensure all staff were aware of the measures required to protect people from harm.

Medicines were administered safely, although their continued to be an issue with records in relation to the application of creams.

The environment was clean, and staff were provided with personal protective equipment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always provided with regular supervision and appraisal of their performance to ensure they continued to develop in their roles.

People's nutritional and hydration needs had been met.

Staff were appropriately involving other health professionals in a person's care to achieve positive outcomes.

Is the service caring?

Good ●

The service was caring.

We observed positive interactions between staff and people staying at the home.

People's privacy and dignity were respected, and staff ensured people's human rights were protected.

People spoke highly about the staff supporting them.

Is the service responsive?

Good ●

The service was responsive

People worked with staff to achieve their set goals whilst at the service.

Care plans were brief but contained information about the person, and their abilities.

Formal complaints were investigated thoroughly, and the registered manager was meeting their duty of candour.

Is the service well-led?

The service was not always well-led.

Improvements required from the last inspection had not been fully achieved.

Audits had not been robust and did not feed into an overall action plan for the service to achieve the required improvements.

Staff told us the registered manager was supportive and offered them advice and guidance as and when required.

Requires Improvement 

Ings Grove House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of this inspection took place on 6 August 2018 and was unannounced. We also visited on 15 August 2018 and we announced the second date to ensure the registered manager would be at the home. The inspection team consisted of two adult social care inspectors, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed all the information we had about the service including statutory notifications and other intelligence. We contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire service, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used a number of different methods to help us understand the experiences of people staying in the home. We observed the lunchtime meal experience in the communal dining area and observed care interventions throughout the inspection process. We reviewed four care files and daily records of people at the home. We also reviewed records relating to maintenance, audits, staff and their training and development.

We spoke with the registered manager, the service manager and a manager from one of the registered provider's other service. We also spoke with the cook, a deputy manager, a team leader and two care staff. We spoke with nine people at the service and three relatives.

Is the service safe?

Our findings

People overwhelmingly told us they felt safe at Ings Grove House. Comments included, "I feel safe here. Never had care like this before." Another person told us, "It's like a hotel." However, other people told us they had to wait for call bells to be answered, which can impact on people's safety. For example, one person said, "I have to wait 10 to 15 min after buzzer." One relative told us their relation had to wait a long time after buzzing to use the commode.

At our previous inspection we found a breach in regulation in relation to the provision of safe care and treatment. This related to information in risk assessments, personal emergency evacuation plan, the analysis of accidents and incidents and records in relation to the application of prescribed creams. We found some improvements, but there were still issues with the way the provider fully met the requirement to assess, monitor and mitigate the risks to people. This related to the application of creams, some risk assessments, and associated management plans and with the records associated with some assistive equipment. This represented a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found there had been some improvement around the assessment and recording of moving and handling and the safe use of assistive equipment, for those people receiving intermediate care and paperwork was shared between providers to facilitate this. However, for those on respite and transitional care, we found there remained issues with risk assessment in relation to their moving and handling and assessments and the equipment they were using. It was clear an assessment had taken place as they had specialist equipment in place, but this was not recorded and there were no detailed instructions for staff to follow. We found risk was considered when a person was admitted into the service, but the assessments lacked detail. For example, their skin viability risk assessment stated, "Staff to apply cream brought in by the individual." However, there was no Waterlow record (this is a tool gives an estimated risk for the development of a pressure sore in a given person). or body map to direct staff where the creams were to be applied.

We looked at the systems in place for managing medicines in the service. This included the storage, handling and administration of medication. Medicines were stored safely, at the right temperatures, and records were kept for medicines received and administered. We checked the medication records for people and found they were accurate. However, we noted two records showed people were prescribed creams and ointments. The deputy manager told us the medication administration record (MAR) were kept in the individual person's bedroom to enable staff to record when they had been applied. We found staff were not consistently recording the application of creams. We looked at one medication audit which had a section for the auditor to check cream administration records were complete, but this was blank. Therefore, there was no evidence to confirm, improvements in this area had been sustained from our last inspection.

We observed the deputy manager administering medication to people who used the service. They did this in a safe way; however, we saw the deputy manager was signing the MAR before administering the medication. The National Institute for Health and Care Excellence (NICE) guidance for Managing medicines in care home states "Staff must make the record only when the resident has taken their prescribed medicine." The deputy

manager said she had signed the record prior to administering the medication as she knew the person well and knew they never refused their medication.

As required medicines and controlled drugs were managed safely. Staff responsible for administration of medication had received appropriate training and we saw they had their competencies checked regularly.

Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, PAT testing, water and fire safety. Hoists and manual handling equipment such as beds had been serviced and tested to meet LOLER. However, the LOLER certificates for the slings and passenger lift were not at the home but were provided on request from the service provider. The 5-year electrical certificate showed this required a new check and the administrator had chased this up in May 2018. On our second day of inspection they contacted their landlord who agreed to expediate the checks. At our last inspection we found there was no asset log for all the assistive equipment at the home to ensure each piece of equipment had been accounted for and was checked and used in line with the manufacturer's instructions. This remained an issue at this inspection although we were told this would be the responsibility of the new handyperson.

There were emergency plans (PEEPS) in place to ensure people's safety in the event of a fire. These were stored in the entrance of the service and information was also kept in the file. These had improved slightly from our last inspection, with most containing information on how to support people, but plans were in place to further improve PEEPS further once the new evacuation equipment had been purchased. Work on the building to improve fire safety was due to commence in the Autumn.

Our observations during our inspection confirmed there were sufficient staff to meet the needs of the people at the home. The manager told us staffing levels were flexible and assessed daily. They showed us the dependency tool they used which showed they had the correct number of staff hours. Night staffing had been increased whilst they were waiting for work to be undertaken in relation to fire safety. However, when we spoke to people using the service about staffing levels four out of eight people told us they were waiting up to twenty minutes for their call bells to be answered. When we raised this with the management team they were unaware of this. The registered manager told us the policy dictates people should wait no longer than five minutes. They told us, as did staff there were issues with the call bell system and staff were often unaware of a call, if a second person pressed their buzzer before the first call was answered. Management told us the system was to be upgraded which should resolve the issue.

We looked at the recruitment files for five staff including three staff who had been employed in 2018 and found all the necessary checks in place.

We observed the home was clean and staff had access to plentiful supplies of protective aprons and gloves.

Is the service effective?

Our findings

People told us staff offered them choice throughout the day which included where they wanted to eat their meals and what they wanted to eat. On the whole people were positive about the food. One person said, "The food is like a hotel." Another person commented on the puddings, "They do a lovely sponge pudding and custard."

At our last inspection the registered provider had not fully met their responsibility to ensure staff received periodic supervision, appraisal and training. There was a slight improvement, but annual appraisal and the number of supervisions carried out with each member of staff was not in line with the organisational policy. The registered provider's policy stated staff should receive six supervisions each year and one annual appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff. As a result, this improves the quality of service provided by the organisation. Staff told us they received ad hoc supervision from the registered manager who they described as very supportive and whose door was always open. The registered manager told us they recorded some of the ad hoc sessions and we saw evidence some was recorded. They also said supervision of more junior staff was delegated and had not always been a priority by those staff during busy periods, although they had emphasised its importance.

Very few staff had received an annual appraisal of their performance. Appraisal is a process involving the review of staff performance and improvement over a period, usually annually. It includes evaluation of goals and objectives; evaluation of job role; identifying positive performance; identifying areas for improvement and identifying and planning how development needs will be met.

We looked at staff induction and training records to determine whether staff had been supported to carry out their duties. Not all training was up to date, although most was only just out of date. Staff were soon to get access to the online system to ensure an improvement in this area. One of the management team told us they were now using the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards. We found staff shadowing more experienced members of staff. Staff told us they could suggest courses and choose to go on training to improve their knowledge. One said, "I'm wanting to go on a dementia awareness course. I'm on the list. It's a two-day course." Another told us how they had requested training to use the defibrillator which the registered manager was facilitating.

However, as there was a breach in the regulation in relation to staff training, supervision and appraisal at the last inspection, and there were still issues in this area, this was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

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 MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. They had notified us about 12 DoLS over the previous 12 months but at the time of this inspection no one was subject to an authorisation although one person was awaiting an assessment. Our observations during inspection confirmed the DoLS process had been managed appropriately.

Mental capacity assessments ensure the rights of people who lacked the mental capacity to make decisions were respected. Most people using this type of service have capacity to consent to their care, treatment and rehabilitation. We were shown a two-stage capacity assessment which they used on the occasions when people's capacity fluctuated whilst at the service although there was no one lacking capacity to consent whilst we were inspecting. Files contained records of consent for the use of photographs, agreement to go on outings and sharing of information. However, one record was incomplete and not signed. We saw people were encouraged to make decisions about their lifestyle and everyday events such as choosing what to eat and when. We also saw staff encouraging people to do their washing and assist with the cleaning of their bedrooms.

We spoke with the cook who was knowledgeable about allergies and specific diets. For example, vegetarian, low fat, gluten free and diabetic diets. They told us when a new person came to stay, staff would inform them of any specific dietary needs. They showed us a board with bedroom numbers and the diet they required, although we were aware of one person who was diabetic, and this information was not on the cook's board. We discussed this with the deputy manager who confirmed the person was a type 2 diabetic controlled by medication. They said the person had capacity to understand their medical condition and could make informed choices about the food they ate. The cook told us they could access halal meats if required and kept a small stock of gluten free breads and cakes in the freezer in case someone was admitted at short notice.

People we spoke with said they were very happy with the meals provided and were involved in choosing what they wanted to eat and where they wanted to eat their meals. Mealtimes were a relaxed and enjoyable experience for people at the home and staff supported people with dignity and respect. Hot and cold drinks accompanied the meal and people were asked if they wanted a second helping. They were asked if they had enjoyed their meals by the cook and staff.

There was clear evidence of collaborative working and excellent communication with other professionals at the service. There was evidence people had timely and appropriate access to nurses, therapists, GP, pharmacy staff, dentists, opticians, specialist nurses, and podiatry.

People's welfare was enhanced using assistive technology such as telecare. Telecare helps to manage risk and support independence by means of unobtrusive wireless sensors. The registered manager told us they had more falls pendants in place, epilepsy sensors, and laser systems to alert movement when a person is at risk of falls. They said, people had access to WIFI at the home.

The environment was fully accessible for people using wheelchairs for mobility with a lift between floors, wide corridors and en-suite level access shower facilities. The environment was spacious, bright and airy with doors leading directly to a patio and garden area. The conservatory led directly outside and there was a supply of sun cream and sun hats available to protect people from sunburn.

Is the service caring?

Our findings

One person told us they would give the service, "10 out 10." Another person told us, "I am happy here," whilst another said, "I have had care above and beyond."

We observed staff were very kind and caring when they were supporting people with care. People at the home and their relatives told us how kind and helpful some members of staff were and how they treated people with dignity and respect. One member of staff said, "I treat them as a person as an individual. Being respectful and courteous. Listening and understanding." The service was able to provide staff from a diverse background which reflected the communities they served and the differing languages and communication methods. People's spiritual, religious and cultural needs were met including dietary requirements, but also visiting faith groups and bible story sessions.

We observed staff knock on people's doors before entering and spoke respectfully with people. We saw people were appropriately supported with their lunch when required and this was done in a caring and dignified.

It was evident from our conversations with people using the service and with care staff that people were achieving their set outcomes in relation to regaining their independence enable them to return to their own home environment. One person said, "I've never had care like this before. I couldn't have come anywhere better. I feel I can go home now. I have improved massively." Staff worked in an enabling way encouraging people to do as much as they could for themselves. Therapy staff supported care staff with ideas and techniques to encourage people to be as independent as possible, whilst at the same time ensuring people were safe and well cared for.

Care plans we looked at showed people were involved in decisions about their care and treatment. People we spoke with confirmed this and we also saw most people had signed their care plans to show they had been consulted about the care and treatment provided. Staff told us how important it was people using the intermediate care facility were engaged with the process and were able to fully consent, as this ensured they were motivated to achieve their goal towards increased independence.

No one at the home utilised advocacy services at the time of this inspection but staff were aware of who to refer to if this service was required. An advocate helps people express their wishes and feelings, supports them in weighing up their options, and assists people to make decisions. Visitors were welcomed and we saw they advocated on behalf of their relatives.

Is the service responsive?

Our findings

We observed staff were responsive to people's individual needs and care plans reflected people's preferences and choices. People told us they worked with staff to identify goals to achieve and had met their outcomes. One person said, "I have improved so much I feel I can go home now."

Staff told us and we could see how they supported people to make choices in their everyday lives considering the person's views and preferences. This demonstrated they were providing person centred care. Pre-admission assessments were not undertaken by the staff at the service, and for those requiring intermediate care, a member of the intermediate care team determined whether the person was suitable for their service. Social workers completed the pre-admission assessments for the transitional and respite care beds. We saw active cooperation between the registered manager and the intermediate care staff in gathering information from electronic systems to ensure they would be able to meet the needs of people referred to the service. This was essential to ensure people came to the service who would be able to achieve identified goals.

Care plans were not as detailed as those in services where people stayed on a more permanent basis due to the high volume of people using the service. There had been 437 people staying temporarily over the past twelve months and therefore staff were required to record essential information to enable people to be cared for safely. There had been an improvement in sharing of care records between services, although currently intermediate care staff and the care home staff worked to different electronic systems. Each person had a personal support plan which contained information about their needs in relation to personal care, social interactions, emotional, spiritual needs, abilities and medication. This gave a brief overview of people's care needs. Staff completed daily records which referenced a brief outline of a person's day.

We asked people about the activities on offer. "I enjoy playing the games." Another said, "Lots of CD's to play and games and a piano player comes in." The home had a team of volunteers who provided some activities at the home and one of the volunteers was present during our inspection supporting people with activities. Entertainers also visited the home. A hairdresser provided a service at the home once a week and there was a designated hairdressing room.

The registered manager although not specifically aware of the Accessible Information Standards was meeting some aspects of the standard and intended to improve this further. This standard ensures people who have information or communication needs relating to a disability, impairment or sensory loss can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment. The standard requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and they receive communication support if they need it. The home was fitted with a loop system for people with a hearing impairment. Information was available in different formats including large print and picture cards.

There was a complaints policy in place and there were signs up throughout the building on how people

could complain. We reviewed the formal complaints with the registered manager and could see these had been investigated thoroughly and the complainant written to in line with their "duty of candour." The service was recording informal complaints in people's care plans which did not filter into the complaints system. This meant the provider was missing an opportunity to identify any patterns or themes, to enable them to identify areas to improve.

On our inspection, no one was receiving end of life care and it would be exceptional for the home to have people staying who were at this stage in their life.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since 2017. They were absent on the first day of our inspection but were present on the second day. Staff told us how well supported they were by the registered manager, "whose door was always open." They told us no matter how busy they were, the registered manager always listened to them and offered them support and guidance.

Following our last inspection, we had received an action plan from the provider telling us what action they intended to take to make improvements. We found some improvements had been made but we found there were areas where the provider was still not meeting the regulations. This meant the service was in continuous breach around the regulations in relation to good governance and staffing. For example, not all staff had received regular supervision and very few had received an appraisal of their performance. The management team told us they had taken senior staff on an away day to look at developing the service including improving supervision of staff.

For those people on respite or who had not come via intermediate care, there was a lack of risk assessment around moving and handling and detailed plans for staff to follow. There were no detailed instructions for staff on how to use equipment safely or an assessment to determine how a decision had been made in relation to the provision of assistive equipment. This is important to ensure people's safety and although this affected a very small number of people, it is an important part of the provider's responsibility. The registered manager had plans in place to address this in the future, but they were not in place at the time of the inspection.

We found quality assurance systems hadn't driven the necessary improvements. Senior staff carried out various quality audits of records including home observation audits, medication audits, medication observation audits, health and safety audits, nutrition and hydration care observations, and care files. Some audits identified actions but there were no dates to indicate these actions had been completed to demonstrate improvements had been made and sustained. The actions and information from these audits were not drawn together to feed into an improvement plan. The quality assurance framework seen at the previous inspection was no longer in use and the home was not audited against the CQC key lines of enquiry. This made it difficult for the provider to keep an overview of the service in terms of the Regulations and where improvements were required. Uncertainty about the future of the service had halted many of the planned developments, but the management assured us improvements would now be made.

There was no overall list of assistive equipment at the service (and there was a variety in use) and assessments did not specify the equipment in use. We were told by the manager, this would be the responsibility of the new handyman. The LOLER certificates for the passenger lift and slings used to transfer people were not available until the second day of our inspection, which showed the robustness of their systems to monitor essential checks needed to be improved.

This represented a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

One of the managers we spoke with on our first inspection day told us the vision for the service, "Intermediate care is high on the agenda. A lot of change is happening. We are looking at people returning home quicker with more intense support." This would also impact on the number of people coming through the home which would increase. Plans were in place for seven-day intermediate care provision at the home from September 2018.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. The ethos of the service was to promote people's independence and facilitate their return home, in addition to providing informal carers with a break through the provision of respite care. Key partners included the local authority social care, telecare services, housing services and health partners.

There had been several outbreaks of diarrhoea and vomiting at the home and as a result there has been partnership working with the infection control team to ensure they were able to learn from these outbreaks and prevent future outbreaks. This included joint training with staff, improved pre-assessment paperwork to stop people coming in with a contagious condition, and providing written information for staff, people and visitors.

All staff understand the fundamental need to provide a quality service and they shared with us how they were able to influence improvements. One told us they had requested training to use the defibrillator, so they would have increased knowledge if they had the need to utilise this.

The service proactively engaged and involved all staff through team meetings, and through the provision of a newsletter. They ensured the voices of all staff were heard and acted on to shape services and culture. The review of the team meetings minutes held at the service demonstrated they were effective at cascading information, encouraging improvements at the service. The registered manager told us it was difficult getting all staff to attend the meetings, and those who could not attend as they were providing the service, were emailed the minutes, and these were also placed on the staff notice board. Two staff had left the service and returned within a short timeframe. They told us this was due to the teamwork at the home.

Residents meetings were held regularly, and the registered manager told us senior staff enjoyed running these sessions. The service used the mum's test to determine whether the service was good enough for their mum and put the outcome of this test on the public notice board.

The registered manager had notified us about significant events, which their registration required them to do. The previous inspection ratings were displayed on the registered provider's website and at the service. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.

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 18 HSCA RA Regulations 2014 Staffing The supervision and appraisal of staff had not been undertaken at the required frequency to support staff to develop into their roles and identify where further training was required. Training was not all up to date. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust which meant issues had not been identified or were not acted upon to drive up the necessary improvements. |

The enforcement action we took:

Warning notice