

# Athorpe Health Care Limited

# Athorpe Lodge

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 1 May, 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. The last comprehensive inspection took place in May 2017 when we identified four breaches of Regulation. People's needs and preferences were identified, but not always managed in a person centred way. The registered provider did not always ensure the safe management of medicines. The registered provider was not always doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. Audits of the service had not always identified and issues and did not address them in a timely way. There were insufficient numbers of staff to keep people safe and to meet their needs. The service was rated as Requires Improvement.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the key questions safe and well led, to at least Good.

At this inspection we checked if improvements had been made. We found that the registered provider had not addressed all the concerns raised at our last inspection and the service was rated Requires Improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Athorpe Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

Athorpe Lodge provides care for up to 94 people over four units. The service provides support for people living with dementia, personal and nursing care. All bedrooms are single occupancy with en-suite facilities.

At the time of our inspection the service had a registered manager. 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.'

Some staff told us there were not enough staff to ensure people's needs were met in a timely way. However, this was only referred to on one unit. We looked at care records and found they contained limited information regarding risk management. Important information was missing from risk assessments, such as the loop configuration required when moving people using the hoist. Systems were in place to manage medicines safely, however, these were not always followed. Some areas of the environment had been missed in the cleaning process.

Staff had the skills and knowledge to deliver effective care. A balanced nutritious diet was provided for people. However, appropriate support for people's dietary needs varied between the different units. People had access to healthcare professionals and staff predominantly followed their advice.

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. The service was compliant with the Mental Capacity Act 2005.

During our inspection we found staff interacted well with people who used the service. Staff were kind and caring in their manner.

We looked at care records belonging to people who used the service and found evidence that staff were responsive to people's needs. However, we identified two people's needs were not met appropriately. We saw evidence of end of life care plans which met people's needs and preferences.

The registered provider had systems in place to monitor the quality of the service. However, these needed to be fully implemented and embedded into practice. Residents and relatives meetings took place and people felt they had a voice. However, there had not been a recent quality survey completed. This would have given people an opportunity to comment anonymously about the service if they wanted to.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All three breaches were continued from our previous inspection. You can see what action we told the registered 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.

Risks associated with people's care had been identified, but appropriate action had not always been taken to minimise risks occurring.

The registered provider did not always ensure that people's medicines were managed in a safe way.

On one unit we observed that there were not enough staff available to ensure people's needs were met in a timely way.

People were safeguarded from the risk of abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were knowledgeable about people's needs, however, some training required completing to ensure they were up to date with their skills.

The registered provider was not always meeting the requirements of the Mental Health Act 2005.

People were supported to maintain a balanced diet. However, this did not always meet their needs.

People had access to healthcare professionals when required, although some professional advice had not been followed.

### Is the service caring?

**Good** ●

The service was caring.

We observed staff interacting with people and found they were kind and caring.

Staff we spoke with were keen to ensure people's privacy and dignity were maintained.

People were supported to express their choices and preferences and staff ensured they were respected.

### Is the service responsive?

The service was not always responsive.

People did not always received personalised care that responded to their individual needs.

People were aware of the complaints procedure and felt able to raise concerns. People felt that staff would listen to them and resolve any issues.

People were supported to take part in various activities.

**Requires Improvement** ●

### Is the service well-led?

The service was well led but systems had not been fully implemented or embedded into practice.

Audits took place to ensure quality of service was maintained, however, these had not always identified issues and required embedding in to practice to ensure issues were identified and addressed.

Residents and relatives meetings took place and people felt they had a voice. However, there had not been a recent quality survey completed. This would have given people an opportunity to comment anonymously about the service if they wanted to.

People and their relatives were complimentary about the service and felt supported by the management team.

**Requires Improvement** ●

# Athorpe Lodge

## 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 inspection took place on 1 May, 2018 and was unannounced. The inspection was carried out by three 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. At the time of our inspection there were 74 people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with 12 people living at Athorpe Lodge and nine relatives. We spent time observing people going about their daily lives and looked round the home's facilities, including people's rooms, communal areas and bathing facilities.

We spoke with staff including care workers, the registered manager, catering staff and activity co-ordinators. We also requested the views of professionals who were involved with supporting people who lived at the home, such as the local authority. We also contacted Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff files and quality and monitoring checks carried out to ensure the home was operating to expected standards.

# Is the service safe?

## Our findings

At our last inspection of May 2017, this domain was rated as requires improvement. The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. We also found that there were insufficient staff available to meet people's needs and keep them safe. Also the registered provider did not ensure the safe management of medicines. The registered provider was required to address these issues and sent us an action plan telling us how these would be addressed.

At our inspection of 1 May, 2018 we found the registered provider had not taken sufficient actions to address all the issues raised at our previous inspection.

Risks associated with people's care had been identified and some actions to help minimise the risk were in place. However, the risks were not always managed safely. For example, moving and handling risk assessment we saw did not contain all the required information to ensure people were moved safely. For example, one person's moving and handling risk assessment detailed the type of sling required and that two members of staff were to assist with transfers. We did not see any evidence that people were not moved safely. However, it is important that the size of sling or the loop configuration to use is recorded in people's care records to ensure staff are clear so that they are moved safely.

Another person's care record stated that they had been referred to the speech and language therapist (SALT) who had recommended that the person received a pureed diet. We found that these recommendations had not always been followed. We could see from documentation that on some occasions this person had been given food which had not been blended; this put them at risk of choking.

This was a repeated breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks associated with people's care were not always managed effectively.

We saw personal emergency evacuation plans (PEEP's) were in place to ensure people were able to evacuate the premises in an emergency.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication was administered safely. We saw procedures were followed by staff. Temperatures were monitored and recorded for medication storage, to ensure medicines were stored at safe temperatures. However, one medication room was not monitored as it had been used as additional storage. The staff told us this would be monitored from the time of our inspection.

We observed staff administering medicines to people and saw that predominantly safe practices were followed and staff took time and explained to people what the medicine was for. However, we observed one staff member administering medication with food; it was not clear if this was to aid the person to take the medication or was given covertly. The staff member mixed the medicine in a full bowl of porridge they did not explain what they were doing and gave the porridge to the person but they could not be sure all the

medication was taken as they did not wait to assist the person to eat all the porridge.

Some people were prescribed medication to be taken as and when required known as PRN medicine. We saw protocols were in place and did give some detail. The protocols clearly detailed when the person had capacity to tell staff when they required their medicines and where people lacked capacity there was detail of how the person presented when they required the medication. However, we found some people who were prescribed PRN pain relief did not have a protocol in place.

We found some PRN medication was prescribed to give either one or two tablets. Staff were not clearly recording the amount given, it was not recorded on the reverse of the MAR. Therefore documentation systems were not followed correctly. Staff also did not record if the medication was effective.

We also found the recording of topical creams was not always carried out when they had been applied. For example, we saw in the records that one person's cream should be applied all over their body for dry skin this had not been signed as applied since 16 April 2018. Staff had not recorded if it had not been applied that it was not required. Another person's cream for joint pain had not been signed as applied since 4 April 2018. It was not clear if creams were being applied as prescribed. We discussed this with the registered manager who told us this would be addressed with staff to ensure the correct documentation procedure was followed.

This was a repeated breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not always managed in a safe way.

Everyone we spoke with told us they felt safe living at the home. People who used the service and their relatives were able to say who they would turn to if they were worried or had any concerns. One person said, "I must say, feeling safe and secure is so important. I feel that here." One relative said, "Without a doubt, my [relative] is in safe hands." Another relative said, "The staff are wonderful with [our relative] their safety is uppermost."

Staff we spoke with were aware of their responsibilities in keeping people safe and told us they would report any concerns without delay, to the management team.

We found adequate staff on duty to meet people's needs in a timely way on three of the four units. However, when we looked at staffing levels on Hampton unit we found there was not enough staff on duty to meet people's needs. On Hampton unit we observed people waiting long periods of time for assistance; one person was sat in the dining room for almost two hours before someone was available to assist them.

We spoke to staff who felt that staffing was unsafe [Hampton unit]. They said, "There is not enough staff. Staffing is poor and this has an impact on the residents." Staff went on to say, "The manager is good, but they are out of touch with what happens on here, they [manager] need to understand people's needs are high and changing, and we need more staff because people need more care. Paperwork is sliding and things are catching up on us." Another member of staff said, "There is definitely not enough staff on this unit [Hampton] as it is constantly busy; you don't have time for your breaks." The member of staff said they felt that the lack of staff was having an impact on people and gave an example of when people had had to wait up to twenty minutes to be taken to use the bathroom. Another staff member said, "Nearly all people are living with a degree of dementia. We only have two staff at night on this unit [Hampton] from 7.45pm until 8am, this is not enough. We can't get paperwork done as we don't have time, so things get missed."



People told us they felt safe and said, "Staff do their best, but there's never enough around." Another person said, "Sometimes you have to wait a while for assistance, but this is a safe place to live." One relative said, "It is good see that the new manager has increased the staffing levels during the night time hours." Another relative said, "Sometimes, there does not look to be enough staff. It's the weekends."

This was a repeated breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not always have enough staff to meet people's needs in a timely way.

Staffing levels on the other units within the home appeared to be appropriate to meet the needs of people using the service at the time of our inspection.

We received different comments from relatives who did not feel the home was always clean or well presented. Relatives commented about malodours and a general lack of cleanliness. One relative said, "There are parts of the home that smell unpleasant sometimes." Another relative said, "Look at my [relatives] armchair, it's not clean. I have to do it every time I come to visit." However during our inspection we found the home was mostly clean, fresh and well decorated. Throughout our visits to the home we observed domestic staff carrying out cleaning duties. People's rooms we visited were very clean, well arranged and personalised to people's individual preferences.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the registered provider.

# Is the service effective?

## Our findings

At our last inspection of April 2017, this domain was rated as requires improvement. The registered provider did not always ensure that consent was sought in line with the Mental Capacity Act 2005.

At our inspection of 1 May, 2018, we found the registered provider had taken some action to address this issue. However, best interest decisions had not always been documented.

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. No one was subject to a DoLS authorisation at the time of our inspection.

We looked at documentation and found that care plans were in place to support people who lacked capacity. We saw best interest decision had been considered and completed. We saw some that contained very good detail and involved all relevant people to assist with making decisions in a person's best interest. However, best interest decisions had not always been documented. For example, we saw family members had consented to care and treatment decisions where their relative lacked capacity and there was no lasting power of attorney (LPA) in place for them to legally be able to do this.

People were happy with the catering arrangements. People said that they could have cooked food for breakfast if they wanted it. People and their relatives commented positively about the meals they received. One person said, "I've had eggs for my breakfast today, there is always something cooked available. I love the food here." Another person said, "The food is smashing." One relative said, "I have eaten here and the food is just right. Good homely cooking." However, another relative said, "I came last week and [relative] had two drinks on her side table, neither of them had been thickened and she should have thickened fluids."

We observed the lunchtime meal to help us understand people's meal time experience. We noted people had a pleasant experience in the dining room. Some people preferred to eat in their own rooms and this was respected. We felt the ambiance would have been better if there hadn't been cleaning going on in the corridor next to the dining room, the vacuum noise impacted on the atmosphere. People were offered a choice of hot and cold drinks. People were offered a dignity apron to protect their clothes. People were offered a choice of meal with some making specific requests and people were offered second helpings. These were provided without a problem. We noted staff chatted to everyone and supported and encouraged people where required. People were not hurried and able to eat at their own pace.

People who used the service were predominantly supported to maintain a balanced diet. However, food and fluid charts were not clearly maintained and did not include people's specific dietary needs. For example, one person had been assessed as requiring a target amount of fluids of 1917mls each day. The documentation showed they did not achieve this target. On 28 April they only drank 500mls and on 29 April 800mls, no action had been recorded and the charts were not monitored or reviewed effectively. We were not able to confirm whether staff had failed to complete their fluid chart or if this person did not receive their target amount of fluids.

We spoke with the catering team and cook who said, "I am fully informed of people's dietary needs and special medical conditions. Although one person is not formally on a lactose free diet and that is why I don't have a record of it. This is only an idea and not a prescribed arrangement and that is why we don't have a record in the kitchen. I buy the soya milk myself and ensure that they get it on the unit."

We looked at this person's care plan and found it was not being followed in line with professional's recommendations. The person had been referred to a dietician who had recommended the person should trial a lactose free diet for a number of weeks. This was to check to see if the person was intolerant of lactose which is found in milk and dairy products. We observed the person being given products to eat that contained dairy products. When we asked, staff said they made sure the person had soya milk in the morning, but the person was given full fat milk, cream and yogurts, throughout the rest of the day. This meant that they had not followed the professional advice and could not be sure if the person was intolerant of lactose. We raised this with the registered manager who instructed the staff to ensure the diet was followed and instructed the kitchen to make sure soya products were ordered to meet the person's needs.

We spoke with the registered manager about this who took action to address our concerns straight away.

People had access to healthcare professionals. Relatives confirmed that their loved ones had attended appointments at the hospital recently and said that staff supported them to follow the advice of the GP. They also said that their family members had regular appointments with chiropodists, opticians and dentists.

We spoke with visiting professionals who told us they felt staff followed their advice. One visiting professional said, "Staff are knowledgeable, especially the senior staff. They take our advice and make things work. Staff will refer back to us if what we advise is not working."

However, as explained above, we found one person's diet advice had not been followed and we were told by relatives that some healthcare professional's advice had not been followed. One relative shared a concern that their loved one had not had their drink 'thickened' as directed by the speech and language therapist.

Staff receive training and support to complete their role. We saw that regular supervisions had not been taking place. Supervisions were one to one sessions with their line manager to discuss aspects about their role. However, care workers told us they felt supported by the registered manager and the staff team. They said they had received some supervision sessions but they were not regular. One care worker said they had received only one supervision in their two years of employment. They said "I haven't had them [supervisions] very often and I think we should have more, we need more opportunities to talk to managers." Another care worker said "I have had about one supervision a year; this is due to a change of managers." Supervisions are an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members.

Staff told us they received training which was appropriate to their role and responsibilities. However, one

member of staff said, "I don't know anything about mental capacity; I'm not sure who has a DoLS in place." They went on to tell us that had not received any training in mental capacity or the deprivation of liberty safeguards. We looked at the training record and found several gaps in mandatory training, this subject being one of them. The registered manager informed us that they were addressing the shortfalls in training. Following our inspection, the registered manager sent us a program of planned training due to take place in May, June and July of 2018.

## Is the service caring?

### Our findings

We spoke with people who used the service and their relatives and everyone felt the staff provided a caring and supportive environment. One person said, "The staff show such kindness to me." Another person said, "The staff look after me so well and my friends and family." Another person said, "I can only tell you how kind the staff are, all of them." Relatives also commented positively saying, "The staff mean everything to my [relative]. You should see her face light up when she sees them," and "The staff know [relative] so well. She thinks a lot about them," and "Without fail the staff welcome us every time we visit they are so accommodating and hospitable."

We observed staff interacting with people who used the service and found they treated people with kindness. From our observations it was clear that staff knew people well and understood their needs. Throughout our inspection we observed staff showing dignity and respect to people who used the service. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. Staff quietly asked people if they needed support to use the bathroom this was respectful of their dignity. One person said, "They help me when I need it, but they encourage me to be as independent as I can be." Care workers gave us examples of practical things they did when supporting people to promote privacy and dignity. For example, closing curtains, closing doors and keeping people covered up as much as possible.

The staff and residents looked comfortable together. Relatives and visitors were welcomed in a caring and friendly manner.

We saw staff interacting with people in a caring and compassionate manner. They got down to people's eye level to speak to them. We observed one care worker putting her arm around a person who was distressed and heard them softly reassuring and checking if they were alright. People said care staff were caring and considerate. One person commented, "Yes, they [staff] are good."

# Is the service responsive?

## Our findings

At our last inspection of May 2017, this domain was rated as requires improvement. People's preferences were identified in care records. However, they were not always considered when delivering care. People who spent time in their bedrooms did not receive adequate social interaction.

At our inspection of 1 May 2018 we found the registered provider had taken some actions to improve this domain.

We looked at care plan documentation and found care plans were in place to guide staff in how to support people. We spoke with a GP who told us the staff were very knowledgeable and responded to people's changing needs. They said, "The staff pick up on subtle changes and get to know residents." Staff told us they, "Review care plans with the family every three months."

However, we found that some people's care needs were not always appropriately managed. For example, one person's care plan was not being followed as they were sat in a wheelchair without a pressure relieving cushion being placed underneath them. This person had to be taken from the dining room and back to their bedroom so that the cushion could be placed underneath them. This was distressing for the person who was expecting to be having their lunch.

We also saw that some care plans did not contain sufficient information and guidance that staff needed to ensure care delivered was in line with people's needs. For example, moving and handling care plans did not contain enough details about what equipment was required. The size, type, make and loop configuration was not always available for people who required the use of a hoist to safely transfer.

We looked at how the registered manager and staff cared for people who were nearing the end of their life. People being cared for at the end of their lives were kept comfortable and supported sensitively. Care plans included information about people's wishes and preferences for care at this time. We saw evidence in the care records we looked at that people's final wishes were noted where these had been expressed.

The service had two activity co-ordinators who were responsible for ensuring people received social stimulation. The activity co-ordinators appeared committed to the activities being enjoyable. One of the workers fully displayed their understanding of the physical and psychological benefits of activities on people's wellbeing. People commented positively about activities provided. One person said, "I am booked into the trip to the coast and I can't wait." Another person said, "I really enjoy the knitting club, we have a right laugh." People also said that they enjoyed community schools performing concerts and plays and going to the local pub each week.

On the day of the visit the planned activity in the morning was a 'coffee morning' and in the afternoon an external agency that provide a dedicated programme of physical activity to promote and maintain health benefits. People were seen to enjoy both of these activities.

Meeting people's religious and cultural needs were met as part of everyday practice. Local church involvement was encouraged whatever the denomination. This ensured that people's spiritual needs were considered. One person said, "I love it that the church are welcome here it means so much."

The registered provider had a complaints procedure in place and people told us they knew how to complain and had done so on a few occasions. They said, "I made a complaint to the manager a few weeks ago, she listen to what I said, and now it's been resolved." They went on to say "The manager is brilliant, straight, fair and generally very good."

## Is the service well-led?

### Our findings

At our last inspection of May 2017, this domain was rated as requires improvement. The registered provider did not always ensure that quality monitoring systems were effective. The registered provider was required to address this issue and sent us an action plan telling us how these would be addressed.

At our inspection of 1 May 2018 we found the registered provider had taken some actions to address the issues. They had appointed a new registered manager, they commenced in October 2017. We received very positive comments regarding the new registered manager. People told us they had made improvements. We saw that audits had been developed to include more detailed information which assisted the registered provider in identifying and taking action when needed. However, quality monitoring systems required embedding in to practice.

Audits were completed by the registered manager. Audits included areas such as maintenance, medicine management, repairs, staff files concerns and complaints. Action plans were developed but not all concerns raised were addressed. For example, the infection control audit in March 2018 identified that racks were required in the sluice rooms. This action remained outstanding. We also saw that the dining audit, which took place in March 2018, did not identify that menus were not displayed on the units.

Throughout our inspection we raised concerns with the registered manager. These were in relation to staff training and support, staffing and ensuring risks associated with people's care and treatment had been minimised. These were repeated breaches from our inspection in May 2017. We spoke with the registered manager who informed us of the actions they had taken to ensure these areas were improved. We also raised concerns regarding the registered provider providing the correct specialist diets for people. The registered manager told us they would address these concerns and sent us some information which suggested they had started to address the concerns.

This was a repeated breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to monitor the service, did not always identify areas on concern.

People, relatives and staff consistently offered positive feedback about the management team. One person said, "Since [new manager] began things have improved. The grounds look better, the décor has improved and I attend all the residents meetings."

Relatives said that they had approached the management team about various matters and they felt as though they were listened to. Relatives and friends felt as though their thoughts and ideas were acted upon. The people who used the service had every confidence in the manager.

The registered manager stated that no quality survey had taken place so far in relation to establishing people's thoughts about the service. However, relatives had been informed that this was to be arranged shortly.



Relatives stated that they had, "More confidence in the current manager." One person stated, "I am hoping this manager will stay as there is an upward movement in the standards since she came."

Many people spoken with who used the service did not know who the registered manager was. However, they visually responded to her when she came into the dining room at lunch time. They smiled at her and chatted with her as they recognised her face and friendly demeanour towards them.

Staff felt that the registered manager was good and things were improving for the better. One person said, "I like [the manager] they are good and are putting things in place, they need time to follow things through." However, some staff expressed concerns over the level of staffing on one unit and felt that the registered manager didn't fully understand the impact it had on people. From discussing this with the registered manager it was evident they did understand the impact on people and were reviewing the staffing levels.

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 12 HSCA RA Regulations 2014 Safe care and treatment  |
| Treatment of disease, disorder or injury                       | Risks associated with people's care were not always managed effectively. Medicines were not always managed in a safe way. |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance                             |
| Treatment of disease, disorder or injury                       | Systems in place to monitor the service, did not always identify areas on concern. |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing   |
| Treatment of disease, disorder or injury                       | The service did not always have enough staff to meet people's needs in a timely way. Staff did not always receive appropriate training and support. |