

Avante Partnership Limited

# Hevercourt

## Inspection Report

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Date of inspection visit: 29 April 2014

Date of publication: 24/10/2014

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# Summary of findings

## Overall summary

Hevercourt is a care home for up to 46 older people and older people living with dementia. At the time of our inspection there were 36 people living at the home.

The service had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law with the provider.

We were able to talk with some people using the service but not everyone was able to tell us about their lifestyle and how they preferred to be supported and cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent some time with people and observed their lifestyle and interactions with the staff. Using SOFI we observed how people reacted and responded to see if people indicated they were receiving the care they needed.

We could not be sure that safe care was being delivered as we found that risk assessments did not have sufficient guidance for staff to follow to manage the risks. We also found that risk assessments were not written in enough detail to ensure people were protected from the risk of harm. Improvements were needed in this area. We have told the provider to take action about these concerns.

The level of detail in care plans about people's choice, preferences and independence skills in relation to their personal care routine varied. Therefore records did not ensure people received a consistent approach to their care and support. The registered manager was aware of

these shortfalls and the service was in the process of taking action to improve the care plans. We found improvements were needed in this area. We have told the provider to take action about these concerns.

Relatives told us they were satisfied with the service received and said that staff were kind and caring and respected people's rights and dignity. We found that people using the service were treated with kindness and respect. We saw that people's preferred name was recorded in their care plan and we heard this being used by staff.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people were unable to make more complex decisions, such as agreeing to medical treatment, there were systems in place to manage this in line with legal requirements.

There were sufficient staff on duty at the time of the inspection with the skills and knowledge to ensure that people's needs were met. However the system to make sure that staff were receiving individual meetings with their manager to discuss their training needs and development were not being effectively managed. Improvements were needed in this area. We have told the provider to take action about these concerns.

There was a management structure in the home, which gave clear lines of responsibility and accountability. The management in the service carried out quality monitoring to assess the quality of care provided and plan on-going improvements. These included audits of practice, however we found the home's systems were not always effective in highlighting and addressing shortfalls in practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service was not safe because not all risks associated with people's care had sufficient guidance for staff to follow, to make sure they took a consistent approach to reduce the risks, so that people remained safe.

Relatives told us they had confidence in the service to keep their relatives safe. Staff had a clear understanding of what to do if safeguarding concerns were identified, so they could protect people who used the service from harm.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process if someone lacked mental capacity to make a decision. This meant that people were being supported to make decisions in their best interests. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place, but none had been necessary. Staff have been trained to understand when an application should be made, and what process to follow.

People's environment and equipment used for moving and handling had been assessed for risk. Systems were in place to ensure equipment was monitored and serviced regularly. However we found the equipment was due to be serviced in April 2014 and no arrangements had been made at the time of the inspection. When this was pointed out to the registered manager urgent action was taken and the equipment was fully serviced and safe to use on 1 May 2014.

### **Are services effective?**

The service was not effective as the information in the care plans did not always reflect the care being provided by staff, to people using the service.

From discussions with staff they demonstrated they were aware of people's changing needs, their personal care routines, preferences and choices. However these details were not always recorded sufficiently in the care plan, in order that consistent care would be provided. A new format of care plan was in the process of being

# Summary of findings

introduced and the registered manager told us that this would be more personalised to show how people's needs were being fully met. However at the time of the inspection no one's care plan had been completed with the new format.

The service provided end of life care and some people had made advanced decisions about their care at this time. However records showed that these documents had not been completed, or reviewed to make sure that their decisions would be carried out in line with their last wishes.

People were cared for by a team of staff who had been trained. Records showed and staff confirmed that they received on-going training. The staff were very positive about the support they received from the management team; however we found that regular meetings had not taken place between individual staff members and the registered manager. This meant staff were not having an opportunity to discuss their working practices and training needs.

## **Are services caring?**

The service was caring and treated people with kindness and compassion.

Relatives spoke positively about the staff and felt that staff were kind and respectful. We saw that staff maintained people's privacy and dignity.

We observed staff making sure people were covered appropriately when they were being moved with a hoist and staff also made sure the person knew what was going to happen throughout the manoeuvres.

Relatives we spoke with commented: "We are very happy with the home, my relative is well looked after", "The staff are very understanding" and "We are satisfied with the service, but sometimes although they listen to our concerns, they are not always followed through 100 per cent".

People's privacy was maintained. People could lock their bedroom doors if they wished, and there were places available where they could meet friends and relatives in private. Staff understood their responsibilities about confidentiality, and they help to ensure that people's privacy and dignity were respected.

## **Are services responsive to people's needs?**

The service was responsive to people's needs. One person told us that the staff were around when they needed them and we saw that staff responded to people promptly when they pressed the call bell for assistance.

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Relatives told us that they had been invited to the review meetings of their family members care, so that they could be involved in decisions about the care and support being provided.

We saw that the care plans were not clearly updated to show people's current needs; however there was detailed information in the daily notes to confirm what care had been given during each shift. There was therefore a risk to people not receiving the care they needed, as the care plans were not consistently updated. Staff told us that they also had detailed handovers to make sure they were up to date with people's care needs.

Relatives were confident that if they raised a concern or complaint, staff would listen and respond to it. They said they would not hesitate to speak with the manager if they had any concerns.

The registered manager told us that there were two staff members responsible for activities. Activities were tailored to individual needs, which included one to one visits to people who were in their rooms to make they were not isolated.

## Are services well-led?

Some improvements were needed to make sure the service was well led. We found that the improvements raised in the monthly monitoring of the service had not all been actioned in a timely manner and individual staff meetings with the manager to discuss their training and development needs were not up to date.

The service provided detailed information about the service and their aims and values, so people and relatives were aware what they could expect from the service. Emergency plans were in place, including individual evacuation plans in the event of a fire and staff had received training in emergency procedures, to help keep people safe.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation and taken appropriate action if required. The registered manager told us that one of the biggest challenges this year was the importance of improving the detail in the pre-admission assessments, to help ensure that the service could meet the person's individual needs.

There was a staffing structure which gave clear lines of accountability and responsibility and at the time of the inspection there were sufficient numbers of staff on duty. Staff said they were

# Summary of findings

supported by the registered manager, deputy and team leaders and were confident that any concerns raised would be dealt with appropriately. One staff member told us the registered manager listened to them, was caring, supportive and thoughtful.

Staff said: “The manager helps you, I feel I know more now, she is approachable and you can always ask any questions if you are unsure” and “The door is always open; the registered manager is easy to talk to”. This indicated that there was a supportive culture in the service ensuring that staff felt comfortable in taking any concerns forward. We saw that staff approached members of the management team openly and there was a relaxed atmosphere in the service.

The majority of the people using the service were not able to tell us about the care and support they were receiving. We therefore observed the interaction of staff, the care being provided, and we contacted relatives to discuss the service.

We saw that people were relaxed in the company of staff and they were being supported in a respectful, caring manner. People were chatting to each other and staff. Two people told us they enjoyed their lunch and liked the staff.

Relatives told us that they thought staff always had time to sit and talk with their family member. During the inspection we saw staff treated people in a caring manner, for example, sitting with people when they became anxious and needed reassurance. Relatives said they would recommend the service. They said: “The staff seem to know the residents and treat people kindly”, “My relative is looked after well and I am overall satisfied with the service” and “The staff are a pretty good crowd”.

One relative told us that the management team were approachable and action was always taken when they had raised concerns about the “little things”, such as when clothes or small items went missing, action was taken to find them and resolve the issues.

# Summary of findings

## What people who use the service and those that matter to them say

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inspection we saw staff treated people in a caring manner, for example, sitting with people when they became anxious and needed reassurance. Relatives said they would recommend the service. They said: “The staff seem to know the residents and treat people kindly”, “My relative is looked after well and I am overall satisfied with the service” and “The staff are a pretty good crowd”.

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# Hevercourt

## 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

This inspection was carried out on 29 April 2014 by two inspectors. During the inspection we spent time talking with two people who used the service, the registered manager and management team, and five staff members. Some people who lived at the service were unable to verbally express their views so we used SOFI to observe the care being provided. We therefore spent time observing care practices and interactions in the home.

Before the inspection we reviewed the information we held about the service. At our last inspection in October 2013 we did not identify any concerns with the care provided to people who lived at the service.

During the inspection we looked at people's care plans and other records relating to the management of the service. We also reviewed a wide range of records and documents and related these to the care that was being delivered.

After the inspection we spoke with five relatives by telephone. We also spoke with four health care professionals by telephone who were involved with the people that used the service.



# Are services safe?

## Our findings

People were not safe because their safety was put at risk as risk assessments were not updated or written in enough detail to show how people were being protected from harm.

Relatives told us they felt the service was safe and their family members were well cared for. Appropriate procedures were in place to identify and report allegations of abuse. We saw records to confirm that staff had responded appropriately and referred suspected incidents of abuse to the local authority. Staff we spoke with knew what the types of abuse were and how to report allegations. Health care professionals told us that the service had improved since the management and staff had become more stable. They told us that the registered manager worked well with the local authority regarding any concerns or safeguarding issues. They said the service responded well to recommendations and took appropriate action to improve the service.

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life. Staff also knew about the Deprivation of Liberty Safeguards, and what the legal requirements were if someone's freedom was to be restricted.

We found that detailed guidance was not in place for people who exhibited specific behaviours which might challenge or cause injury to themselves or others. The behaviours were not clearly listed, together with known triggers, and strategies were not in place to minimise their future occurrence. For example, an incident had occurred where one person using the service hit a member of staff. The incident occurred in the person's room and the action written in the assessment was "left in their room to calm down". There was no other record of what was put in place to minimise the risks to the person and staff in the future. Therefore we could not be sure that the systems in place to record accidents/incidents were sufficient to make sure the service was learning from these events, to reduce the risk of them happening again.

Another risk assessment for a person with epilepsy stated "cushion head, aid breathing, stay with X until recovery". There were no guidelines for staff to follow to keep this

person as safe as possible, for example recording how long the seizure lasted, when medical assistance would need to be called, or how to aid the person's breathing. This meant the care plans did not contain detailed guidance for staff to follow to make sure people received care and support safely.

We looked at other risk assessments and found these were not updated or written in enough detail to protect people from harm. There were no risk assessments in place for people using equipment, such as bed rails to ensure these were used safely. We found that moving and handling risk assessments did not identify the equipment to be used, such as the hoist, the sling size, and what manoeuvres were needed to make sure staff were moving people safely and consistently. One moving and handling risk assessment stated, "X needs help to transfer from bed to chair, standing with hoist and two members of staff". Another assessment stated "X is unable to bath without the assistance of staff, so staff to hoist when required". There was no guidance to show staff how to do this safely, or to take into account any medical conditions, which would impact on the way the person was moved.

People's safety was therefore put at risk because care records were not sufficiently detailed or up to date to guide staff and they did not accurately reflect people's full care needs. This meant there had been a breach of Regulation 9(1)(a)(b)(i)(ii) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

The registered manager told us that arrangements were in place to service the equipment in the home to make sure it was safe to use. However we found that two of the hoists, the slings and the specialised assisted baths were required to be serviced in April 2014 in line with safety requirements. The date of our visit was 29 April 2014; therefore we asked the registered manager when the servicing for this equipment was taking place. We were told that this was the responsibility of a person in the head office, who automatically arranged for the servicing to be completed. However on this occasion it had not been arranged. The registered manager took immediate action and the servicing took place on 1 May 2014. Staff told us they always undertook a visual check of equipment before every use, to make sure it was safe to use.

# Are services effective?

(for example, treatment is effective)

## Our findings

People did not receive effective care as some of their health care needs and individual preferences had not been recorded.

All the relatives we spoke with told us they had been involved in an assessment of their family member's needs, including planning their care and support. One health care professional said: "There was good communication with the service when they recently made a placement, which included family involvement in the assessment process".

The registered manager told us that a new format of care plan was being introduced to detail more personalised care; however at the time of the inspection no care plans had been re-written in the new format. The current care plans varied in content and detail. We saw in three care plans that people had signed to confirm they had been involved in the development of their care plan, however other plans did not indicate who had been involved in the planning or show how people were being supported to make decisions about their care.

We looked at six care plans. There was a lack of consistency in the detail in the plans to show how people received the care they needed. For example, the level of detail in the care plan about people's specific choices and preferences relating to their personal routines varied. We saw some good examples of what people could do for themselves to maintain their independence, such as "X can wash their hair in the shower" and "X can shave themselves". There was also information recorded, such as how many pillows someone preferred, or if they liked their bedroom door left open. However other plans stated "X will require assistance with their personal care" or "X needs to express their needs". There were no further details of exactly what this meant to the individuals to make sure their preferences and choices were being upheld.

Relatives told us that staff were very supportive in promoting their relative's choices. We observed at lunch time that staff were offering people choices and their preferences were given. For example, after soup was served, people were offered varied sandwiches or salad and their individual requests were met by the staff.

People's medical needs, such as diabetes, were not clearly detailed in the care plans to identify what action should be taken if people required medical attention. For example,

there was no guidance to show staff what they should do if the person's blood sugar was too high or too low and when to seek medical advice. Discussions with staff demonstrated they were aware of how to manage the situation should an emergency occur but this information was not recorded in the care plans, which could pose a risk to new, or agency, staff if they were not familiar with the person and staff may not be able to provide care in an appropriate manner if the person was no longer able to express their needs.

At the time of the inspection no one was receiving end of life care. We saw that people's end of life wishes were not consistently recorded to make sure they would be upheld. Some people had made advanced decisions about their care and treatment and this was recorded in their care plan. For example, we saw that 'Do Not Attempt Resuscitation' (DNAR) forms were in place for three people. However these were not completed properly with the required detail and review dates had not been entered and in one case the form had not been signed. This lack of detail might result in the forms not being valid and followed as there was a lack of information and the required signature to confirm the person's last wishes.

Care records were not sufficiently detailed or up to date to guide staff and they did not accurately reflect people's full care needs. This meant there had been a breach of Regulation 9(1)(a)(b)(i)(ii) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

People were being supported with their nutritional needs, which included monitoring their dietary requirements in line with their medical conditions and wishes. There was detailed guidance for staff to follow if people were at risk of not eating properly and we saw records to show that health care professionals, such as dieticians were involved when required.

Staff were receiving training, including dementia and challenging behaviour training to meet the needs of the people using the service. They said they received appropriate induction and on-going training, in order for them to carry out their role and responsibilities. One staff member said, "There is on-going training and we have just

# Are services effective?

(for example, treatment is effective)

had mental capacity training today and there is safeguarding next week". Relatives felt that staff had the skills and experience necessary to meet their family members care and support needs.

Systems to support and develop the staff team were in place which included individual meetings to support and direct staff. However these had not been completed in line with the service's policies and procedures, which was to provide staff individual meetings with their line manager every three months. Individual supervision meetings for staff gives them an opportunity to receive support and guidance about their work and discuss training needs and professional development. Records showed that some staff had not received their annual appraisal for over a year and supervision meetings had not been provided to staff on a regular basis.

The registered manager had not made suitable arrangements to ensure that staff were receiving

supervision and appraisals to make sure staff training and development needs were identified and they had the competencies and skills to meet the needs of the people using the service. This meant there had been a breach of Regulation 23(1)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

The registered manager was aware of the situation and was working to resolve the issue, however no progress had been made at the time of the inspection. The staff told us they felt well supported by the registered manager and the senior staff team. The staff told us that they could always seek advice and support and when they started to work at the service they worked alongside experienced staff until they felt competent to deliver appropriate care.

# Are services caring?

## Our findings

The service was caring and people were treated with dignity and respect. We saw staff patiently listening to people and waiting until the person was able to respond in their own time.

We observed that people were cared for by staff in a respectful, caring manner. We saw that staff supported people with their daily lives, such as moving around the premises, chatting or eating and drinking. Relatives told us that the staff were kind and caring and they were kept up to date with any changes to their family member's care.

Staff demonstrated they had knowledge and understanding of people's needs and knew people's routines and how they liked to be supported. One member of staff told us they were a "dignity champion", which helped to ensure that everyone in the service was supported to maintain their dignity at all times. They told us that the registered manager constantly monitored the service to ensure staff were promoting the rights of people using the service.

People could have privacy if they needed it. Each person was able to lock their bedroom door if they wished. There were four lounges and two dining rooms, in addition to bedrooms, where people could meet with friends and relatives in private. One relative told us how they liked to go into the garden in the summer, which gave them additional privacy to be alone together.

In discussions staff gave examples of how they maintained people's privacy and dignity, such as closing curtains and doors. We observed staff knocking on people's bedroom doors and pausing before entering.

People could be confident their information was handled safely as there were systems in place to manage information appropriately and staff understood their responsibilities about confidentiality.

Staff talked about people's dietary preferences, for example, one person did not eat beef and one was a vegetarian. We saw this was detailed in the person's nutritional assessment to make sure staff were aware of their individual choices. We saw that people's likes and dislikes were also recorded in individual plans, for example, "I like pizza and beer. I do not like spicy foods". This showed that staff had the knowledge they needed to care for people's nutritional needs, in line with their wishes.

We observed people over lunch time. We saw staff interacted with people in a positive, calm manner, taking the time to explain what was for lunch and asking what drink they wanted. Staff sat at the same level as the person, so that they could take their time when supporting a person to eat and were not rushed. Staff and people using the service were chatting to each other and the atmosphere was busy, but calm and relaxed.

All the relatives we spoke with confirmed they felt their family member was treated with dignity and respect by staff. During our observations we saw that people were treated with dignity and respect. People were being asked where they would like to sit and staff took time to sit and talk to people if they became anxious or upset.

There were systems in place to support people with their end of life care, however at the time of the inspection there was no one using the service that required this support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The service was responsive to people's needs. A relative told us that the service responded well when their family member needed medical attention and they were kept informed of their health care needs. One relative told us how the staff telephoned them if there had been a fall, or a doctor's visit.

People and their representatives were encouraged to make their views known about their care. However, when people's care needs changed, their records were not always updated to show this.

Relatives told us they had been provided with information about the service, so that they knew what to expect. They told us they visited the service often and were involved with their family member's care. The registered manager told us they were re-introducing a newsletter to keep people, relatives, and staff in touch with any changes about the service.

People who needed an assessment for mental capacity had one in place. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They told us they would report any fluctuating changes to people's capacity to the management team, who would then take appropriate action. When decisions had been made in people's best interests the correct people had been consulted and involved in the decision making process.

We spoke with health and social care professionals who were involved in the care of people living at the service and their feedback was positive. They told us that staff contacted them for advice and support when needed and acted upon their recommendations to make sure people were receiving the care they needed.

At the time of the inspection we did not observe many activities taking place. We saw that people's choices in activities were recorded in their care plan, so that staff were

aware of their preferences. Church services were held monthly and there was an occupational therapist who visited the service regularly to support people with an exercise session. There were two activity co-ordinators employed and they made sure that people were also visited in their rooms to make sure they were not socially isolated. The registered manager told us that activities were more spontaneous than planned as this worked better with the people using the service. Relatives told us that activities were available if people wished to participate.

We found that people and relatives had been given the opportunity to express their views on nutrition by completing a survey about the meals being provided. However no further quality assurance surveys had been sent to the people, their relatives, staff or other people involved in the service for over a year. The registered manager told us that this was done corporately and had not been carried out since last year. Therefore the views from people, staff, relatives and health care professionals were not being gathered about the quality of the service being provided to improve or influence the development of the service.

We saw there had been some resident and relatives meetings to give people the opportunity to give their views on the service. Relatives told us that the staff listened to their concerns. One relative told us that they did not have any complaints, but would raise any concerns if needed. They said: "I have spoken with the manager about minor issues and they responded promptly and I was satisfied with the outcome".

The service had a clear complaints policy in place. This detailed how complaints would be dealt with by the organisation and included the timescales that the organisation would respond by. At the time of the inspection five complaints had been received. One was on-going and the others had been resolved to people's satisfaction.

# Are services well-led?

## Our findings

Improvements were required in the monitoring of the service, to make sure that appropriate and timely action was taken to address the shortfalls in the care plans, one to one meetings with staff and arrangements to gather people and their relative's views of the service. Although some of the shortfalls had been identified in the quality assurance visit made by the organisation in March 2014, for example "review and update risk assessments" or 'behaviour chart was blank', there were no timescales for completion and at this inspection we found there were still shortfalls in these areas.

There was a clear set of values of the organisation detailed in the enquiry pack for each new person who had started to use the service. so that people were clear about the type of service on offer and the support they could expect. The staff handbook also contained information about the organisation's aims and values, so that staff were clear of their responsibilities.

We saw that the registered manager was involved in the day to day management of the service. We spoke with staff who felt there was a supportive culture about the organisation. They felt their concerns were taken seriously and acted on. Staff commented: "The registered manager makes sure the service is well led, we are a very person centred care home" and "Any concerns raised are taken on board and the registered manager does something about it".

There was a system in place to record, monitor and evaluate complaints, accidents and incidents. We tracked an accident through the system and saw that, for each case, an action plan was developed, which was regularly monitored to ensure actions were taken in a timely way. The registered manager recorded all accidents/incidents, which were sent to the head office and the health and safety department monitored events for any trends. If required an action plan was then sent to the registered manager to make the necessary improvements.

The organisation had a quality control department who undertook regular checks of the service to assess the quality of service being provided. We saw a copy of the last check of the service undertaken on 17 March 2014. We saw that shortfalls in the care plans had been identified and one action point stated that care plans should be updated and reviewed. However care plans had not been consistently reviewed, or updated to ensure they reflected the care being provided. We discussed this with the registered manager who told us the service was introducing a new care plan format to address these issues. At the time of the inspection no further action had been taken in order to make the necessary improvements.

There was a system in place to monitor staff training requirements, to make sure staff were up to date with their training. We saw and were told by staff that the training programme was on-going. Mental capacity training was taking place at the time of our inspection.

There were systems in place to manage the staffing levels in line with the dependency of the people using the service. At the time of the inspection we found there were sufficient numbers of suitably skilled staff to meet people's needs. We saw from staff rotas and our observations that there were enough staff on shift to meet the needs of people that lived there. Two relatives said that at weekends staffing levels seemed less than during the week. The staff rota showed that staffing levels were consistent both during the week and at weekends.

The service had a workforce development plan, which included emergency procedures. For example, in the event of evacuation, the service had an agreement with a local public house for people to be moved there until another placement was sourced.

Staff told us they had confidence in the registered manager's leadership and felt comfortable in bringing concerns to her attention. Staff said that the service had improved since she had taken up her role. One staff member said, "There is a real improvement since this registered manager took over".



## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation						
Accommodation for persons who require nursing or personal care	<p>Regulation 9(1)(a)(b)(i)(ii) HSCA (Regulated Activities) Regulations 2010 Care and welfare of</p> <p><b>CQC Digital Publisher Need help? Email digitalpublisher@cqc.org.uk</b></p> <p>Welcome Ken Durdy, you are viewing hevercourt scheduled report (adultsocialcare location jun 2014)</p> <p><b>Report sections</b></p> <ul style="list-style-type: none"><li>• Summary-Part</li><li>• Summary-Questions</li><li>• Summary-Findings<ul style="list-style-type: none"><li>• Detail-Part</li></ul></li><li>• Detail-AreServicesSafe</li><li>• Detail-AreServicesEffective</li><li>• Detail-AreServicesCaring</li><li>• Detail-AreServicesResponsive</li><li>• Detail-AreServicesWell-led<ul style="list-style-type: none"><li>• Detail-Compliance</li><li>• Detail-Enforcement</li></ul></li></ul> <p>Locked by You[force unlock]</p> <p><b>Action we have told the provider to take</b></p> <p>The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.</p> <table><tr><th>Regulated activity</th><th>Regulation</th></tr><tr><td></td><td>Regulation 9(1)(a)(b)(i)(ii) HSCA (Regulated Activities) Regulations 2010</td></tr><tr><td colspan="2">service users. The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe.</td></tr></table>	Regulated activity	Regulation		Regulation 9(1)(a)(b)(i)(ii) HSCA (Regulated Activities) Regulations 2010	service users. The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe.	
Regulated activity	Regulation						
	Regulation 9(1)(a)(b)(i)(ii) HSCA (Regulated Activities) Regulations 2010						
service users. The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe.							

This section is primarily information for the provider

## Compliance actions

### Regulated activity

### Regulation

Regulation 23(1)(a) (Regulated Activities) Regulations 2010

Supporting workers

The registered person had not made suitable arrangements to ensure that staff were receiving supervision and appraisals.