

Angel Care plc

Orchid Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

Orchid Care Home provides accommodation and nursing care for up to 83 older people. At the time of our inspection there were 58 people living there. The service provides care to older people who have dementia and/or require nursing care.

The registered manager had recently left. A new manager had been appointed and was in the process of registering as the registered manager. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The previous inspection was conducted in July 2013 we found no concerns at that time.

We found that records relating to the planning of people's care required improvement in some areas. People's life histories were not recorded which could mean that staff did not have information to enable them to build a relationship. There were gaps in daily recording which meant staff could not monitor whether care was effective. The overall records of staff supervision and appraisal were not clear so it was difficult to establish when staff had received supervision and appraisal. Records were not kept securely.

Staff told us they felt supported by management who had an 'open door policy'. They said they had access to training which supported them to fulfil their role. However staff told us they did not receive regular, formal supervision where they could discuss their professional development and roles. Records we reviewed confirmed this. There were also gaps in staff's training, including manual handling and safeguarding. This meant that people were at risk of receiving inappropriate care because staff had not received the relevant training.

On the day of the inspection we saw that people were well cared for and their needs were met in a timely fashion. We observed that call bells were answered promptly on all but two occasions which happened during lunchtime. This was when staff were attending to people who were eating in their rooms. People told us

that they did not have to wait long if they called for help. One person said "Staff come pretty quickly when I press my buzzer. Not much waiting about for them" (meaning staff).

People told us they were happy living in the home and felt safe. One person said "I like it here. I like the people and the staff are wonderful and friendly." A visiting relative also told us "They take good care of my mum. She couldn't be in a better home."

We spoke with a visiting health professional who was complimentary about the support given at Orchid Care Home. They told us "I have no concerns with the care provided here. I can give direction to the nurses and they follow what was agreed."

We found that staff had a good understanding of how to support people, their individual needs and how to keep them safe. We saw that staff showed kindness and patience when supporting people.

There were audits in place which fed into an overall action plan to ensure the organisation continuously improved the quality of its service.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate policies and procedures were in place. However it was not clear in people's care records how they were supported to make more in-depth decisions over and above the day to day choices being offered.

We found a number of breaches of the Health and Social care act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe at Orchid Care Home. They said they had confidence in the staff who they received their care from. Relatives and a health care professional also told us they were confident that people living in the home were kept safe.

The home had safeguarding and whistleblowing procedures in place. Staff were able to demonstrate they were aware of reporting concerns to reduce the risk of harm to people. We looked at how a recent incident of conflict between people who used the service, had been managed. We saw that care records had been reviewed and changes actioned to ensure staff supported people appropriately and consistently. Safeguarding incidents had been correctly reported to the Care Quality Commission and the Local Authority.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We saw that five applications for DoLS had been made to the Local Authority. Whilst awaiting the outcome of these applications the home was supporting people appropriately.

Good



Is the service effective?

The service was not effective.

We found documentation required improvement in some areas. There was a lack of detail about care required in some people's care plans meaning that people may not receive consistent care.

Staff did not receive effective induction, supervision, appraisal and training. Records we reviewed showed not all staff had completed all training before commencing their role. This meant that people were at risk of receiving inappropriate care because staff had not received the relevant training and support.

We saw that people had enough to eat and drink throughout the day. Meals were flexible to meet people's needs.

The service worked well with other health professionals to ensure people received consistency of care. Records contained details of appointments with health professionals and any outcomes. We saw referrals were made to the appropriate health services when people's needs changed.

Inadequate



Is the service caring?

The service was caring.

Good



Summary of findings

People spoke positively about the care they received. All commented that staff were helpful and friendly. One person told us “I feel that they listen to me. The staff are so kind and caring.”

Relatives and visiting professionals we spoke with were all positive about the care and support for people who used the service.

We saw that staff showed concern for people’s well-being. We observed staff seeking people’s permission before undertaking any care or support. People’s dignity and privacy was respected. We saw staff knocked on people’s doors.

People and visiting relatives told us they felt listened to and that they could raise any concerns with staff. We saw records of meetings where people’s views were recorded and acted upon.

Care plan’s provided guidance for staff on how to meet people’s needs in a way which minimised the risk for the individual. However life plans, containing details of people’s preferences and life history, held in people’s rooms were not completed.

Is the service responsive?

The service was not always responsive.

It was not clear in people’s care records how they were supported to make more in-depth decisions over and above the day to day choices being offered.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their requests for assistance in a timely manner.

Some formal and structured activities took place within the home. On the day of our inspection there was very little happening with the provision of activities. The majority of people we spoke with were happy with the range of activities on offer but some felt more could be provided.

People who used the service had a clear understanding of the complaints procedure. We saw records of recent complaints which had been responded to in a timely manner.

Requires Improvement



Is the service well-led?

This service was not always well-led

Staff had a good understanding of the ethos and values of the home. They explained to us the importance of treating people with compassion and dignity.

There were regular audits in place. For example infection control, medication, complaints and equipment. However these audits had not identified the lack of supervision and training. They had also not identified that documentation required improvement in some areas.

Requires Improvement



Orchid Care Home

Detailed findings

Background to this inspection

We visited on 15 July 2014 and spoke with 19 people who used the service, five relatives, a visiting befriender, a visiting health professional, the owner, the manager, 2 nurses and 11 members of care staff. We also spoke with another provider the home worked with. We observed care in communal areas and also looked at some people's bedrooms. Befriending services have been developed by voluntary organisations to provide a person receiving care services the opportunity for social interaction.

We used a number of different methods to help us understand the experiences of people who used the service, including talking with people and their relatives, observing care and support being delivered and looking at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of an adult social care inspector, a specialist nurse advisor 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. Their area of expertise was in dementia care. The expert by experience gathered information from people who used the service by speaking with them in detail.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about

the home and notifications we had received. After the inspection we contacted health and social care professionals the agency worked alongside.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt safe living at Orchid care home. When asked if they felt safe and cared for one person told us “I live amongst nice people.” Another person said “The staff are so kind and caring. I don’t have anything to complain about.” A visiting relative commented “They take good care of my mum. She couldn’t be in a better home.”

Staff told us they had received training in safeguarding vulnerable adults. However records we reviewed showed there were gaps with some staff not receiving training in this area. Staff were able to tell us how they would respond to allegations or incidents of abuse and they were aware of lines of reporting within the organisation. We saw the manager had notified the local authority and CQC of any safeguarding incident. The manager had taken action when a recent incident had occurred in order to protect people and minimise the risk of a further incident. We looked at how a recent incident of conflict between people who used the service, had been managed. We saw care records had been reviewed and updated to ensure staff supported people consistently.

There was a policy for safeguarding and whistleblowing which was available to all staff. There were also copies of the relevant local authority ‘No secrets’ guidance. This document gives guidance to local providers and agencies that have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. Information regarding safeguarding was available to all staff working within the home.

We looked at people’s care records. In all notes reviewed there were key risk assessments and plans for monitoring and maintenance of good health. These plans included Waterlow assessments for the management and prevention of pressure sores. There was also a Malnutrition Universal Screening Tool (MUST) assessment for nutrition and dietary requirements. Moving and handling assessments were completed. With all of these there were accompanying support plans as required to support people to receive consistent and safe care.

Risks to people using the service were appropriately assessed and reviewed. Care records contained up to date risk assessments which included personal care, moving and handling and supporting people with their

independence. For example there was a kitchen area for people to make their own drinks or people could access their local community should they wish to. Staff told us they read the care plans before providing care to people to ensure they knew how to support the person safely. We saw staff encouraging people to make choices throughout the day.

The provider told us before the visit there were five people who had been subject to the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 which allow the use of restraint or restrictions but only if they are in the person’s best interest. There was documentation which evidenced DoLS had been applied for, assessments of people’s capacity to make decisions had taken place and best interest meetings had been held. The manager told us that there had been delays in these authorisations but the authorisation body, which was the local authority, were keeping them informed. Whilst awaiting the outcome of these applications the home was supporting people appropriately.

The Registered manager told us in the Provider Information Return (PIR) that people were protected by a safe recruitment system which included all staff undertaking police checks prior to employment. We looked at six staff files the provider had an effective recruitment and selection process. Files contained evidence of a criminal records check, references, proof of identity and applications forms. People and relatives we spoke with praised the high standard of care and treatment received from the care staff.

There were systems to record accidents and incidents. There were records for accidents and incidents that had occurred which affected the welfare of the people who lived in the home. The form contained details of the incident and any actions taken to reduce further risk to people.

Staff had access to an on-call system to support them in the event of an emergency. There were fire evacuation processes in place. There was an emergency contingency plan. This detailed such things as what to do in the event of staffing shortages or loss of utilities.

There was a system of nurse call bells and these could be positioned remotely so that people could access their call bell wherever they were sitting to summon assistance. There were also points in the lounges and dining rooms.

Is the service safe?

The call buttons when depressed sent a message to a point within the unit which gave the details of who is calling and their room. On the day of our inspection we observed the response to the call button alarm was answered promptly.

Is the service effective?

Our findings

Staff did not always receive effective induction, supervision, appraisal and training. Training records showed gaps in staff training with some newly appointed staff not receiving any training. We saw from records that not all newly appointed staff had received an induction when they commenced employment at Orchid Care Home. Some staff told us they had not received a comprehensive induction before they commenced their duties. They said they had shadowed a more experienced member of staff for a 'few' days but had not received any other information. Some staff said they had not had the opportunity to shadow staff as part of the induction process.

One member of staff told us it had been difficult to read people's care plans as they had to work on the 'shop floor' straight away. When we asked a staff member about a recent incident involving a person, they were unaware of the incident or the changes to the person's care. This meant the person was at risk of receiving inappropriate care because staff had not been through the correct induction process or been kept informed of the changes. Some staff felt they could access training to enable them to meet the specific needs people living in Orchid Care Home. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

We found documentation required improvement in some areas. For example, dates and people's signatures on forms and updates on forms had not been completed. There was also a lack of detail about care required in some people's care plans. For example in one person's care plan regarding their catheter care stated 'regular wash outs' were required. There was no detail as to what was regular. When we discussed this with a member of staff they said this was on the person's medicine administration sheet, which was held in the clinic room. However where to find this information was not identified in the care plan. This meant that staff may not meet the day to day care and health needs of people if they were not aware of where this information was held.

Each person had a file containing information about their individual care needs. On the whole the paperwork reflected the needs of people using the service. However there were gaps in daily recording which meant staff could not monitor whether care was effective. For example one person's 'turning chart' showed they had not been turned

in line with the guidance in their care plan. They were to be supported to change position every four hours but entries on four consecutive days in July 2014 did not reflect this. When we asked staff about turning regimes they told us they attempted to turn people every four hours but that this did not always happen. They said this happened in the morning when the night staff had turned people between 06.00 and 07.00 and the day staff did not support people to get up until 10.00 or 11.00 o'clock. These were a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records.

All people were assessed by staff at the home who used the Malnutrition Universal Screening Tool (MUST). This tool is used to identify where people may be at risk due to difficulties with eating or drinking. They would then be referred onto the dietician, GP or Speech and Language therapist (SALT) as required. Many of those assessed were at risk of choking and plans contained details of the need to thicken drinks. All of those requiring thickened drinks had their own thickening agents prescribed. The information was held in a folder near to the drinks station in the dining room. This meant information was easily accessible to staff to ensure people received support to meet their nutritional needs. However this folder was accessible to all people so did not ensure people's identified needs were stored confidentially.

Despite the issues we identified and the lack of staff training and induction, people spoke highly about the care they or their relative received. One person told us "They know what they are doing. They know us well." A relative we spoke with said "I have every confidence in the staff and feel reassured that they have the skills to care for my dad."

The service worked well with other health professionals to ensure people received consistency of care. Records contained details of appointments with health professionals and any outcomes. We saw referrals were made to the appropriate health services such as dieticians when people's needs changed. Where referrals have been made, there was evidence in the care file, copies of letters and forms.

A visiting health professional told us that whilst they visited weekly, if people required additional health checks, the home would contact them immediately. They said any guidance given was always followed up by the nurses. We spoke with another healthcare service the home worked in conjunction with to provide people with the correct end of

Is the service effective?

life health care. They told us any advice and guidance given to nurses was followed up. If the staff at the home felt the plan of care was not working well they would then contact the hospice for advice.

People were provided with a choice of suitable and nutritious food and drink. During our observations people were offered drinks and food throughout the day. There was also an area people could make drinks independently. We observed one person who did this then chose to take their drink back to their room. When we spoke with this person they told us they could make a drink anytime they wanted. They also said staff would still come along and check they had sufficient to drink throughout the day.

We observed lunch being served to people and saw they were given a choice and were supported to express their preference. We observed one person had changed their mind about what meal they wanted. Staff offered them an alternative which was prepared by the kitchen. Staff offered

support in a calm manner and at a pace appropriate to the person they were assisting. We heard positive examples of staff supporting people by asking “Do you want”, “Are you ready for some more” and “Would you like.”

People spoke positively about the food on offer. One person said “The food here is very good and tasty. There is always something that I enjoy.” Another person told us “There is plenty to eat and drink, too much sometimes.”

Staff said they could approach management with any concerns they had and felt confident they would be listened to. They said whilst they felt supported they had not received formal supervision where they could discuss their personal development. Records we reviewed confirmed this. Nurses we spoke with said since the new manager had started they had started to hold nurse meetings. The qualified nurses told us they do not receive clinical supervision to support them in their nursing role.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said “I can’t fault anything. Staff are very kind and helpful.” Another person told us “I couldn’t be in a better place. Staff are friendly without being intrusive.”

People confirmed they were involved in making decisions about their daily care and support. People told us they were able to make choices about their day to day lives. This included what time they got up and went to bed, what and where to eat and whether to have a full body wash or a bath. People told us they could spend time in their bedroom and receive visitors at any time. One person told us “There is a church service every Monday. It is always my choice if I go or not.” Another person said “The food is very nice and there is always a choice. At tea time there is always a choice of different sandwiches.” We were told that staff always respected people’s decisions.

Within the notes reviewed, from observations and discussions with relatives it was evident there was involvement of others, especially relatives in the planning of care. One relative told us “I am told about my mum’s care needs and they (staff) always discuss them with me. They inform me of any changes in the care plan that may be necessary. Once a month I go through mum’s care plan with a member of the nursing staff.” However people’s life histories were not recorded which could mean staff did not have information to enable them to build a relationship.

People’s preferences were taken into account. One person told us about their ‘special diet’ due to a health condition. This was noted in their care plan along with their favourite foods. Relatives were able to be there during some aspects of care. Meal time observations showed relatives assisted and encouraged their family member to eat. Staff were supportive of relatives being involved.

We observed interaction between staff and people living in the home. People were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and respect. For example one person who had made their drink independently was still asked by staff to see if they wanted anything else. Staff knocked before entering their room and explained they just wanted to check the person didn’t need anything. We saw throughout the day people were dressed as they chose and looked physically well cared for. This

showed staff took time to assist people with personal care. One visitor we spoke with said “(person’s name) is always clean and tidy and well looked after. I am very impressed with the place”.

We saw staff cared for people’s wellbeing, for example one person said they wanted to go home. We heard a member of staff offer them reassurance and explain they “Lived here now”. They also asked if the person would like to go with them and get a cup of tea. We saw this offered the person some reassurance and they were happily distracted.

Staff were aware of the need to protect people’s dignity. One person told us “I always worry about being hoisted from my chair but they do it gently and tell me what is happening”. Over lunch time the care staff were actively supporting all people. They ensured people were seated and positioned correctly and meals were served individually. They responded to people’s request for assistance.

We were shown round the home by a senior manager. We noted they knocked on people’s doors before entering. They also introduced us and explained why we were there. We observed staff asking permission before commencing with any care. This meant staff respected people’s decisions and involved them in what was happening with the service.

There were regular meetings held between the manager, staff and people living in the home. These were used as an opportunity for people to raise concerns, make suggestions about the home and discuss on going events. This meant people were supported to make their views known about the service.

Health and social care professionals we spoke with were all positive about the home. One commented “I have no concerns regarding the care I have observed. I find staff to be very knowledgeable of the people they are supporting.

The Registered manager told us in the Provider Information Return (PIR) that they were actively developing the skills of nurses in end of life care for people. The home worked with the local hospice to ensure people received appropriate end of life care. We spoke with the hospice who confirmed the home followed any end of life guidance offered to them by the hospice. Nurses also told us they attended training on ‘care of the dying’ provided by the hospice. One nurse said they felt the training supported them to be more “confident” when providing this type of care.

Is the service responsive?

Our findings

Care records contained information about involvement of the person and their relatives. In discussion with a person's family they said they were involved in planning their family member's care and were able to speak with staff about their concerns and needs. They stated they felt supported. Staff we spoke with talked knowledgeably about people they supported.

From the Provider information Record available it suggested that everyone living at Orchid Care Home had a Do Not Actively Resuscitate (DNAR) plan in place. On discussion with staff and review of the records it was clear everyone had a resuscitation decision in place, which stated either 'for' or 'not for resuscitation'. However the paperwork used to identify the decision part for those for resuscitation and those not for resuscitation was not clear. This could create a risk when dealing with the person in a cardiac arrest situation when time is paramount. This was also not supported by a plan for the person's end of life. Two members of staff told us they would only develop this plan if the person was in receipt of end of life care and currently they did not have anyone who required this.

For one person there had been a recent change in decision and they were now not to be resuscitated. There were forms in place which were completed and signed by the GP and family. The front page of the four pages was completed however the remaining pages were only completed in part or not at all. The recording of discussions with the resident or their family was limited and details of how the decision was reached were not available. Some of the documentation held within the person's file had not been updated with the new decision for the person not to be resuscitated. We were told the forms were reviewed annually. Whilst general review may be acceptable once a year, where there were changes with people which could impact on aspects of their care this timescale may not be sufficient.

Care records were also not kept securely. The records were kept in the staff office which on several occasions was left unlocked and open. This meant that confidential information was easily accessible to visitors. This was a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

During our visit we saw people receiving care and support as required. Staff answered call bells promptly. When asked people told us they did not have to wait long for staff to come and offer assistance. The Registered manager told us in the Provider Information Return (PIR) that there was a selection of activities available to all residents. They said there was also the option for people to change the activity on the day if they so wished. There was a timetable of activities which took into account people's interests as detailed in their care plans. These were displayed on each unit. These included gentle exercise classes, church services and hand massage and reminiscence sessions. However on the morning of our visit we observed there were no activities taking place. As people were supported to get dressed they were brought to the lounge area to sit. Chairs were situated around the outside of the room which meant if people wished to sit together to chat they were unable. We observed two people trying to have a conversation but were unable to due to the positioning of the chairs. One person we spoke with said they didn't really care for the television but it was always on. This person was unable to leave the lounge without assistance.

The majority of people were happy with the range of activities on offer but some felt that more could be provided. One person told us they would like more physical activities to help them to maintain their current weight. People had the opportunity to go on day trips using Orchid Care Home's minibus. We saw that outings had been discussed in a recent 'residents' meeting. The manager told us some staff had recently completed minibus training to be able to meet people's requests to go out more.

People and their representatives were asked for their views about the service. Meetings were held every two months. We looked at the minutes which showed people were asked about the quality of the care they received. People had asked about having accessible exercise classes, which we saw were now included on the activity timetable.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We saw records of recent complaints which had been responded to in a timely manner. People had a clear understanding of the complaints procedure. One person told us if I ever needed to complain I would speak with the manager. She is always popping in and out." A relative told us that whilst she has never needed to complain, the complaints procedure was fully explained to her when her

Is the service responsive?

mother first arrived at Orchid Care Home. The Registered manager told us in the Provider Information Return (PIR) that complaints were included in their regular audits to identify any trends or common themes.

Is the service well-led?

Our findings

The home's values in relation to dignity and respect were evident through discussions with staff, information displayed and our observations. There had been a recent 'Dignity Audit' undertaken in May 2014. A dignity audit survey was given to people and relatives to complete. It asked them to comment on how clean and safe people's environment was, how their privacy was maintained and how staff treated people. People had commented staff treated them with respect, addressing them by their preferred name. People felt happy and safe in their environment and had no complaints about the cleanliness of the home. The outcomes of this audit were positive with any actions noted and completion dates.

A survey was sent to relatives to complete with their family member anonymously. People were also offered the opportunity to meet with the manager to discuss any concerns they may have raised. We saw the results of a recent survey completed in January 2014. Over all people were satisfied with the service they received. One person commented 'It's very warm and welcoming staff. I enjoy the music in the hallway'. Any actions identified were noted in the service improvement plan which had been compiled by the previous manager. However the new manager explained that they would be producing their own action plan to address the improvements they had identified.

Staff were positive about the management of Orchid Care Home. They told us they could raise concerns and they were confident the manager would take any necessary action. Staff were aware of their responsibility to share any concerns about care and treatment at the home. Nursing staff spoke positively about the recent management changes. They felt this was a "new beginning" and told us

the new manager was introducing new things to continue to support professional practice. One staff member commented that "The job satisfaction here is good." Health and social care professionals we spoke with from other agencies all said their communication with the manager was good and they had positive working relationships with staff in the home.

The new manager told us, and we saw from documentation, that various audits were carried out periodically throughout the year. These included medication, infection control, complaints and health and safety. Care plans and risk assessments were regularly reviewed and changes made accordingly. Orchid Care Home had a satisfactory complaints procedure in place. Complaints were audited monthly. There was an overall plan in place of actions required from each audit. People responsible, timescales and updates were present. However there were shortfalls with auditing, in that gaps in training, staff supervision and appraisals had not been identified. The audits had also not identified that documentation required improvement in some areas.

We saw accidents and incidents were recorded appropriately. These were assessed by the manager to identify any trends. We saw after a recent incident between two people living in the home appropriate action had been taken. A safeguarding alert had been raised with the local authority. Care plans had been updated to include guidance on how best to support the individuals.

The service had a system to make sure there was enough staff to meet people's needs. We observed staff throughout the day and saw there was enough staff to meet the needs of the people living in the home. The manager explained that they kept this under review to ensure that staffing levels were sufficient if people's needs changed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>People who used services and others were not protected against the risks of receiving inappropriate care and support because the provider did not have suitable arrangement in place to ensure staff received appropriate training, professional development, supervision and appraisal.</p> <p>Nursing staff did not receive clinical supervision to safeguard standards of care and allow clinical excellence to develop.</p> <p>Regulation 23 (1) (a) (3) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People who used services and others were not protected against the risks of receiving inappropriate care and support because we found that documentation required improvement in some areas. Completion of some monitoring charts was inconsistent. The overall records of staff supervision and appraisal were not clear so it was difficult to establish when staff had received supervision and appraisal. Care plans held in the nurse's room were not secure and were easily accessible to visitors.</p> <p>Regulation 20 (1) (a) (3) (b)</p>