

## Healthcare Homes Group Limited

# The White House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 December 2017 and was unannounced. At our last inspection in January 2017 we identified a breach of Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements to staffing. They told us that this would be implemented with immediate effect. At this inspection we found that improvements had not been sustained and that the service was still in breach of this regulation.

The White House provides care for up to 33 older people, some of whom are living with a diagnosis of dementia or experience short term memory loss. The service is situated in a residential area of the market town of Beccles.

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

There was a registered manager in post. 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.

People and staff told us that there were not sufficient staff to meet people's needs. People told us that this meant that care staff were not always able to provide the response they needed. Care staff told us that it meant they were rushed and not always able to provide people's care in a manner they would like.

People told us that they did not always receive their medicines when they required. This was discussed with the registered manager during the inspection who took immediate action to address our concern. Medicines were stored and administered safely.

The building was adapted to meet people's individual needs. This included ramped access to the garden area and personalised bedroom doors. The service had effective infection control training and procedures in place. People told us they were happy with the cleanliness of the service.

Care staff received a comprehensive induction and training prior to providing people's care and support. Training was regularly refreshed.

People received the support they required to maintain adequate nutrition. People told us there was a choice of food and that it was of good quality. Where people's food and fluid intake needed monitoring this was carried out. We found a concern with the action taken where people had a poor fluid intake. We spoke with staff who were aware of the issue raised and told us they would take further action to address this.

The service worked with other organisations to ensure people's physical and social needs were met. Prompt referrals were made to other healthcare professionals regarding health concerns. The activities co-ordinator was developing links with groups in the local community to provide people with relevant activities. For example local schools and entertainers.

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. We observed staff providing care and support in accordance with legislation.

Staff provided people's care and support in a caring manner, treating them with kindness and compassion. People's dignity was also supported when care was being provided.

People were involved, as far as they wished or were able, in their care planning. They were also involved in some decisions about the running of the service. Care plans contained information which enabled care staff to provide people's care in support in accordance with their needs and preferences. Care plans were regularly reviewed with the person's involvement to ensure they were up to date and relevant.

The service did not maintain improvements. We have found repeated breaches of staffing regulations since our inspection of June 2016. Management monitoring and assessment tools were not effectively checked to ensure they were relevant.

Management support for staff to provide good quality care was inconsistent. We found some good examples of support around whistleblowing but some staff had mixed views on the communication and support they received.

The provider carried out regular audits of the service. These were used to develop an improvement plan.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The service did not effectively assess the level of staff required. This resulted in insufficient care staff available to meet people's needs.

The service did not ensure that people's medicines were available when needed.

Regular assessments of the risks to people's safety were carried out.

People were protected from the risk of infection.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff that had completed an induction and training programme.

People's nutritional needs were met. Where required people's nutrition was monitored.

People received care from health and social care specialists when needed. People had access to their GP.

The service followed the principles of the Mental Capacity Act (2005) when providing support.

**Good** ●

### Is the service caring?

The service was caring.

Staff knew how people liked to be supported and offered them appropriate choices.

People and their relatives were listened to and felt involved in making decisions about their care.

**Good** ●

People were supported to maintain their privacy and dignity.

### **Is the service responsive?**

The service was not consistently responsive.

Care plans reflected people's current preferences and needs. However, staff were not always available to meet these.

A range of activities were provided to meet people's interests.

A complaints procedure was in place.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Support for staff to provide good quality care was inconsistent.

There were continued breaches of staffing regulations.

The provider carried out regular audits of the service.

The service was developing relationships with the local community

**Requires Improvement** ●

# The White House

## Detailed findings

### Background to this inspection

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

This inspection took place on 11 and 12 December 2017. The inspection team consisted of an inspector 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. Our expert by experience had experience of supporting a relative living with dementia.

Before the inspection we looked at all the information we held about the service. This included information about events happening within the service which the provider or registered manager must tell us about by law. We also looked at previous inspection reports and notifications sent to us by the service.

During our inspection we spoke with nine people using the service and two relatives. We observed how staff supported and interacted with people throughout the inspection. We spoke with the maintenance person, eight members of the care staff, the deputy manager, the registered manager and the provider's quality manager.

To help us assess how people's care and support needs were being met we reviewed four people's care records. We also looked at other records regarding the management of the service, for example risk assessments and medicine records. We looked at four staff personnel files and records, this included recruitment and training records. We looked at the systems for assessing and monitoring the quality of the service.

## Is the service safe?

### Our findings

Our inspection in January 2017 found that the service was in breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had provided us with an action plan detailing how they would improve. However, at this inspection we found that the service was still in breach of this regulation.

All of the people we spoke with who lived in the service told us they did not think there were enough care staff. One person said, "If I press that buzzer I can wait more than an hour, especially at night." Another person said, "I ring if I need to go to the toilet, if they take too long I just have to try to manage on my own. I can't wait very long or I might have an accident." They went on to explain that they were at risk of falling and had had a number of falls since moving into the service but, "Luckily have not hurt myself." People told us that care staff did not have time to provide their care and support in a person centred way. One person said, "They're very busy, they work hard and there's a lot of us here you know. I don't think they have time for a chat."

The service call bell system allowed the monitoring of response times to people's call bells. The registered manager showed us an analysis of the response time to call bells for five days in October. This showed that on 31 occasions' people had to wait 10 to 15 minutes before their call bell was answered and on nine occasions had to wait for over 15 minutes. This did not demonstrate that there were sufficient staff on duty to meet people's needs promptly. In the five day period stated, there were a total of 490 calls recorded, 92% of these calls were responded to within 10 minutes.

We asked the registered manager how they assessed that there were sufficient care staff to meet people's needs. They told us that they used the provider's dependency profile tool. This tool looked at a range of people's needs and was used to assess the number of care staff required. The registered manager told us that the each person's score on the dependency profile was reviewed each month. They also expressed the view that the care and support needs of people living in the service had increased significantly over the last six months. We looked at the total dependency score for the service from June to December. This did not show an increase in people's dependency levels. This did not reflect the perceived increase in people's needs expressed by care staff and the registered manager. Taking into account the views of people living in the service, the views of care staff and the registered manager and the long waits for call bells to be answered we do not believe that the dependency profile tool accurately reflected the staffing needs of the service. Therefore it was not an effective tool to assess staffing levels in the service.

This represents a continued breach of Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicant's previous experience, and Disclosure and Barring Service (DBS) reports for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We found that recruitment and selection

procedures were in place and were followed consistently. Relevant pre-employment checks had been completed to help ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People told us that they did not always get their medicines when they required them. One person said, "I'm given my pills when I need them but I'm supposed to have my eye drops every day and they do sometimes forget. Yesterday I had to ring the bell to remind them." Another person told us that pain in their leg was controlled by the application of a topical medicine but that they were now uncomfortable as the service had run out of their medicine. We asked a senior member of care staff about this who said that possibly staff were applying a large amount of medicine which is why they had run out. They told us that the medicine would be ordered. Later in the day we were advised by the registered manager that the cream had been ordered and would be collected that afternoon. The service had not ensured that the person had their prescribed medicine available to relieve their pain and discomfort.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. The registered manager explained to us how regular audits of medicines were carried out so that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We observed one member of care staff administering medicines at and they demonstrated safe practices.

People were safeguarded from the risk of harm by knowledgeable staff. All the members of staff we spoke with told us they had received training on safeguarding procedures and demonstrated an understanding of these processes. They were able to explain to us the types of concerns they would raise and were also aware of reporting to the local authority or other agencies. One member of staff said, "I have not needed to raise a concern but if I did I would speak to the manager".

Training records confirmed that care staff had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy. Contact details for the local authority were displayed in the service. Our records showed that where a safeguarding issue had been raised the service had dealt with this appropriately.

People's needs were assessed. Risks were identified and management plans in place. Risk assessments reflected people's current needs. During our inspection we observed an incident which caused us concern. However, the registered manager provided us with documentation which demonstrated how the issue was being managed. The risk assessments and care plans were regularly reviewed as people's needs changed.

We are aware of an whistleblowing from staff at the service. We discussed this with the registered manager and found that the service had effectively dealt with the whistleblowing. Effective steps had been taken to deal with the subject of the whistleblowing and protect the whistle-blower.

The registered manager told us that there was a service agreement in place for the equipment used by the service such as hoists. However, we noted that some slings which were being stored on radiators in communal corridors did not have the dates they had been checked recorded on them. There was a tag on the sling for this to be done. The registered manager told us that all the slings were regularly checked by the handyman to ensure they were safe. However, they were not able to demonstrate which slings had been checked. Failure to regularly check slings could mean that wear and tear or damage is not identified and rectified.

People told us that they were happy with the cleaning of the service. One person said, "They come and clean my room and tidy most days." Staff told us, and we observed, that personal protective equipment such as

gloves and aprons were readily available. The service had an infection control policy. We spoke with a domestic assistant. They showed us the cleaning schedule they followed to ensure that all parts of the home were regularly cleaned. They told us they had sufficient time to carry out their duties effectively. Staff had completed infection control training and, where required, training to ensure food was prepared hygienically and safely. The kitchen had attained a level 5 rating, which is the highest rating, from the Health and Safety inspection.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the service. These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. We discussed with the registered manager an incident where the service had been unable to account for some medicines. They showed us the measures they had put in place to prevent this happening again.

## Is the service effective?

### Our findings

Our inspection in January 2017 found that staff training did not always provide them with the skills provided to meet people's needs, particularly those living with dementia. At this inspection we found that improvements had been made. The registered manager had worked with the local authority and dementia specific training had been provided. Interactions we observed between staff and people living with dementia were appropriate and effective.

All care staff received a comprehensive induction and shadowed an experienced member of staff before providing care and support. One relatively new member of care staff told us, "The training was really good." Staff also told us that they received regular supervision and support from the management team. One member of care staff told us that they completed a self-appraisal before their appraisal meeting. At their appraisal they were asked how they felt about their role and if there was any particular training they wanted to take.

People's physical, mental health and social needs were assessed in line with current legislation and best practice guidelines. Recognised tools were used to assess people's risk of developing pressure ulcers and a nutritional screening tool was used to assess their risk of malnourishment. Records indicated that people at high risk of developing pressure ulcers were assisted to re-position regularly. Where people lived with particular conditions, such as diabetes care records showed how these were managed.

People told us they enjoyed the food. We observed one person had cleared their plate at lunch time. We asked them if they had enjoyed their meal. They replied, "Yes I am enjoying lunch today" Another person told us that, "They bring cake or biscuits with drinks during the day." People who were eating in the communal dining room told us that they enjoyed the experience. Where people required special diets, such as for diabetes these were catered for. There was a blackboard in the dining room showing the choices available for lunch.

Where risks to people's nutrition had been identified, food and fluid monitoring charts were in place to record the amount of food and drink they consumed. We checked the fluid charts for six people. We found that two people had not met their required fluid intake for the previous ten days. We discussed this with a senior member of staff who was aware of why there were issues with these people's fluid intake. They told us that this would be addressed.

The service worked with other organisations to ensure people received effective support. One person's records demonstrated how the service had worked with the occupational therapist to provide a more suitable wheelchair.

People told us that they were able to access outside care professionals in a timely way. One person said, "I've seen a chiropodist twice since I have been here". People also told us that if they needed to see a GP this was arranged promptly. Where people's health condition required regular monitoring we saw that this was carried out. For example where a person took a particular medication which needed regular monitoring the

service ensured this was carried out.

The service had been adapted to ensure that people's individual needs were met by the environment they lived in. For example there was ramped access to the garden. People's bed rooms had personalised boxes on the doors. This supported people to identify their own room. However, one person, who had a room with large windows said, "This room gets cold, particularly at night. The radiator never seems to put out enough heat." We discussed this with the maintenance person who told us that they had recently cut a larger hole in the radiator cover to improve the amount of heat in the room. They also told us that they had put a seal on the sash windows.

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. We found that the manager kept a record of all DoLS authorisations and ensured they were renewed when required.

Exits from the service were controlled by a number key pad system. The number to gain exit from the service was displayed on the wall adjacent to the key pad. However, this was written within the petals of a flower which meant that only those people with the mental ability to be able to read it were able to exit the property. This meant that people who were not subject to a DoLS were able to leave.

People told us that staff sought their consent before providing care and support. One person said, "Mostly they will ask me if it's alright to do something. I think they are quite respectful." People also told us that they were able to make decisions about how they received their care and support. One person said, "Well I tell them what I like and what I don't like. Is that what you mean?" They then went on to tell us how their personal preferences were met.

Staff demonstrated a working knowledge of the MCA and DoLS. They described how they offered people choices and gave examples of how they did this which included showing people what was available.

## Is the service caring?

### Our findings

Our inspection in January 2017 found that the service was Caring. At this inspection we found that staff continued to be Caring although this was sometimes constrained by the amount of time care staff had to provide people's care and support.

During our inspection we observed staff treating people with dignity, respect and kindness during interactions. One person had decided to eat their lunch in the lounge. When bringing their food the member of staff ensured that they were in a comfortable position to eat their meal and had everything they needed within easy reach. Another person in the lounge told a member of staff that they felt a little cold. The member of staff offered to go and get the person's cardigan from their room. An offer which the person readily accepted.

Care staff knew people well and ensured that their likes, dislikes and preferences were understood and respected. Staff told us about people's histories and what was important to them and this was reflected in people's care plans. One person told us that they had been involved in farming before they came to live in the service. We saw they had a selection of potted plants on their window sill. They said, "The activities person got those for me, she comes and talks to me sometimes and thought I might like them."

Care plans we looked at demonstrated that they had been regularly reviewed with people to ensure that they were up to date and that they recorded how people preferred to receive their care and support as they preferred. A relative said, "I could be involved with care plans but I do not want to be too involved." Another relative told us that they were involved as much as they wanted to be in care planning. However, the service did not always give staff the time they needed to provide care and support in a compassionate and personal way. When we asked people if staff had time to talk with them one person said, "I really don't think they get a lot of time for that, they are so busy just trying to get the work done."

People were also involved in decisions about the running of the service with regular residents meetings. We noticed that the service had two cats which were being stroked and petted by people in the lounge. The registered manager told us that this had been brought up at a residents meeting and the majority of people had decided that they wanted the service to have cats. We also saw staff bring one person a mug and a pot of hot water because the person liked to make their own coffee.

There were a number of information posters displayed throughout the service and within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and forthcoming activities and events. This meant that people and their relatives received information on the services that were available to them and enabled them to make informed choices about their care. The service also produced a newsletter which kept people up to date with events in the service.

Care staff spoke respectfully about the people they cared for, knew how they liked to receive their care and support. We observed that when care staff transferred people in a communal area with moving and

handling equipment they used a portable screen to protect people's dignity. Care staff told us that they encouraged people to be as independent as they were able. One member of care staff said, "We encourage people to do as much as they can when providing care."

## Is the service responsive?

### Our findings

At our last inspection we found that the service the service Required Improvement in this key question as care plans did not contain sufficient detail. At this inspection we found that care plans had been reviewed and contained the information required. The provider had revised the format for care planning across their services. This was being introduced at The White House and we reviewed one care plan in this new format. The registered manager told us that all care plans were being moved to this new format. They also told us that as people's care plans were moved to the new format staff sat with people to go through the care plans.

Staff we spoke with did not think there were sufficient staff to enable them to provide the care and support in a way people wanted. One member of staff said, "You cannot spend time with people, particularly in the morning." They went on to say that the lack of staff meant that people could not always have personal care, such as a bath, at the time they wanted. When asked about baths another member of care staff said, "Baths are not how I would like to give them, it is a quick in and out. Not a relaxing enjoyable experience." When speaking about their role a member of staff said, "You come to do a job, get them up, give lunch. We do not have as much time as I would like." This demonstrated that staff felt stretched and focussed on tasks rather than on person-centred care and support. The member of staff went on to say that in recent months people's individual care needs had increased.

Care plans demonstrated that they had been regularly reviewed to ensure that information contained in them was up to date and relevant. One relative told us, "They have responded to my [relative's] needs very well." Care staff confirmed that they were kept up to date with people's care needs as and when they changed. They told us that they received handover information from the previous team when they started their shift. We observed a handover meeting between the early and late shifts where each person's care was discussed.

During our inspection we saw that one person sitting in the lounge was regularly shouting loudly. This caused annoyance to other people in the lounge. We observed another person using the lounge shouting back, "Be quiet." The care plan for the person calling out recorded that to address this behaviour staff should, 'Talk to me about my past life, sitting with me and holding my hand.' However, the care plan did not record any details of their life history for staff to refer to. During the two days of our inspection we observed this person was supported by the provider's quality manager during one meal time. We did not observe that staff were available to provide the type of support identified as required in the care plan at any other time during our inspection.

The service had an activities co-ordinator who was enthusiastic about their role in supporting people with meaningful activities. They told us how they ensured that activities were relevant to the person. For example putting plants into the room of one person who had previously worked on an arable farm and had an interest in plants and organising baking sessions with a person who had previously been a baker. They also told us that they organised excursions relevant to people's interests. They gave us an example of a boat trip that had been organised where a person had expressed an interest in boating. They had also organised a trip to a local 'Men's shed' which is a service aimed at providing support to older men. One person who had

been in the service for respite care had continued to visit the shed after going home. This supported them to remain active in the community.

The service also encouraged people to access activities by arranging external agencies to visit the service such as local schools and entertainers. The local school had recently visited the service and people and students had engaged in board games and discussions. The activities programme for December included activities relevant to the season and social and cultural needs of people living in the service. For example bell ringers and other Christmas related activities.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People told us the provider had given them information in their welcome pack about how to raise a complaint if they needed to. People and relatives we spoke with told us they had no concerns currently about the service provision. We looked at the provider's complaints and saw where complaints had been received these had been responded to in accordance with the policy. The registered manager used the complaints they had received to improve practice within the home and shared this with their staff team, to reduce the likelihood of a further complaint.

People had the opportunity to discuss with staff their end of life wishes should this be required. People had expressed their own preferences about what they wanted to happen at their end of life and advance arrangements in the event of their death. The registered manager explained to us how they worked with the local district nursing service and hospice when people were receiving end of life care. They also gave us an example of how a person's particular religious needs had been addressed when they had died.

## Is the service well-led?

### Our findings

Our inspection in January 2017 found that quality assurance processes had improved after our inspection of June 2016 but that the service still required improvement as not all areas of the service were being effectively monitored. The inspection in January 2017 also found that staff were not deployed effectively. We had identified breaches of staffing regulations in June 2016, these had improved in September 2016 regulations were again breached in January 2017

At this inspection we found that the service was again in breach of regulations relating to staffing. Staff had raised concerns with the management team in writing regarding staffing levels during the evening meal time. The service had responded by bringing in a kitchen assistant to support staff during this period. The registered manager had recognised that call bells were not being answered promptly. They had responded by instructing staff to answer call bells more quickly. The registered manager and care staff told us that people's care needs had increased over the past six months. The registered manager had not recognised that the staffing matrix used to match staffing levels with people's care needs did not reflect these changes. This had resulted in people telling us that there were not sufficient staff and staff telling us that they were not always able to meet people's needs. The continued concerns with regard to levels of staffing, and failure by the registered manager to recognise that the systems in place to assess staffing levels were not working did not demonstrate good governance of the service.

This represents a breach of Regulation 17, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Support from the management team for staff was inconsistent. Care staff had mixed views on the communication, support and feedback they received from managers. Some told us that the registered manager was available and approachable whilst others felt they were not visible in the service. One member of care staff said, "There is a very different atmosphere today as you are here. Look, [indicating the area manager supporting a person] that would not happen if you were not here." Care staff told us that supervision meetings were constructive and they could discuss any concerns and were offered training to develop their skills. We also saw that following a whistleblowing the service had actively supported the staff involved.

Following feedback we had provided to the registered manager regarding staffing levels and calls bells on the first day of our inspection, on the second day of our inspection the registered manager had put a notice up in the staff room. This notice told staff that the CQC had said that call bells were not being answered quickly enough and they must be answered quicker. This did not demonstrate that the fundamental problem had been understood and was not a constructive and motivating way to communicate with staff.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, whistleblowing, health and safety and infection control which were available to staff if they needed to seek advice or guidance in a particular area. Each month staff were required to read a particular policy and signed to say they had read it. Records were stored correctly and kept securely to

maintain confidentiality.

A member of the provider's Regional Operations Team visited the service monthly. They carried out an audit of various areas of the service. This included medicines, care plans and staff rotas. Any deficiencies noted were added to a development plan for the service. We saw that the improvement plan was a live document which was monitored by the provider. Improvements required were added with timescales for completion.

Regular staff meetings ensured that staff had input into the running of the service. Staff had raised some particular concerns in writing and the provider had met with them to listen to the concerns raised. Links were being developed with the local community. This had included visits by local school children and a job placement from the local college with the activities co-ordinator. The activities co-ordinator also told us that they facilitated a residents' forum where people could talk about their experience of their care.

The service worked in partnership with other professionals and agencies in order to meet people's care needs as required and involvement with these services was recorded in people's care files. The service has worked with the local authority provider improvement team to provide staff training.

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 17 HSCA RA Regulations 2014 Good governance<br><br>The service had not evaluated an improved practice. |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>There were not sufficient staff to meet people's needs.    |