

Indigo Care Services (2) Limited

Grimsby Grange and Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Grimsby Grange and Manor is a care home providing accommodation and personal care for up to 94 people aged 65 and over and who may be living with dementia. At the time of the inspection, 74 people were living at the service.

People's experience of using this service and what we found

Risks in relation to fire safety had not been fully assessed or managed appropriately. This included a lack of training and guidance for staff on how to support people in the event of a fire and the service not having up to date personal evacuation plans in place. Deficiencies in the fire resistance to parts of the building had not been fully explored. There were insufficient staffing levels and inconsistent provision of emergency evacuation equipment for people with complex mobility needs, which all put people at significant risk of harm.

Although staff were aware of the risks related to people's care, the records did not always provide adequate and up to date guidance to staff on how to manage those risks. Satisfactory standards of hygiene had not been maintained.

Staff sickness rates had been high and there was insufficient staff to meet people's needs on those shifts when cover was not available.

Staff did not receive all the training they needed to equip them with the skills and competencies to do their job. Staff had not received regular supervision. Staff were recruited safely.

People had assessments and plans regarding their care and support needs. However, some care plans were not kept up to date when changes occurred. Activities took place, but some people were bored and at risk of social isolation.

There was a lack of consistent management in recent months. The registered manager had resigned in recent weeks. A manager with the provider's improvement team had been working at the service since the first day of the inspection.

The provider's quality assurance systems were not always effective, there had been an increase in concerns raised by relatives and staff morale had dipped. Audit systems had not identified or addressed all areas for improvement such as fire safety and personal risks, standards of hygiene, staff deployment and training and supervision.

Staff understood how to identify and report any safeguarding concerns. Several safeguarding concerns had been raised and the local safeguarding team was investigating these.

Medicines were managed safely. Although there was some inconsistent administration and recording of 'as

required' medicines for people exhibiting anxious and distressed behaviours. Accidents and incidents were reviewed so lessons could be learned to reduce the risk of future harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Staff encouraged people's independence and were respectful of people's privacy and dignity.

People's nutritional needs were met, and people were supported to access health care professionals when needed.

People were involved where possible in the assessment and care planning process to ensure the support they received was what they wanted. Complaints were recorded and responded to in line with the provider's policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published January 2019).

Why we inspected

The inspection was prompted due to concerns received about fire safety. A decision was made for us to inspect and examine those risks.

We found the provider needed to make significant improvements and they were very responsive when we highlighted our concerns to them.

During and since the inspection the provider has worked with other agencies including the fire service to make the necessary improvements. They have met with relatives, staff, the local authority, clinical commissioning group and Care Quality Commission to discuss the concerns and confirm action taken and planned to protect people from harm from the risk of fire.

Enforcement

We have identified four breaches in relation to safe care and treatment, staffing, premises and equipment and governance at this inspection. We have issued four Requirement Notices for these breaches. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to liaise and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to work with Humberside fire service, the local authority and clinical commissioning group to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Grimsby Grange and Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector and inspection manager on the first day, two inspectors and an assistant inspector on the second day and two inspectors on the third day.

Service and service type

Grimsby Grange and Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. In the absence of a registered manager the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first and second day. We announced the inspection on the third day.

What we did before the inspection

We shared the fire safety concerns we received with Humberside fire service, the local clinical commissioning group (CCG) and local safeguarding team.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to

share. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We liaised with the fire safety officer and attended a meeting with the CCG, provider and the provider's fire safety consultant. We also attended two relative meetings held off site, arranged by the provider.

Some people who used the service were unable to tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service and 11 relatives about their experience of the care provided, five of those via telephone calls. We spoke with 15 members of staff including the regional director, health and safety manager, human resources partner, improvement manager, two deputy managers, senior and care workers, an activity coordinator and housekeeping, laundry and catering staff.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We met with the provider who confirmed all the improvement work they had completed and gave us assurances they were acting to address the remaining issues identified during the inspection.

The provider sent through the staff training matrix, maintenance records and staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- The provider had failed to fully identify and manage fire safety risks within the service. As a result, people were put at risk of significant harm.
- Fire safety concerns in relation to deficiencies in the fire resistance to parts of the building had been identified in August 2017. These had not been further investigated.
- Additional safety measures identified in February 2019, to mitigate the risk of harm to people from fire had not been fully actioned in relation to equipment, fire safety training and a review of staff numbers on shift.
- People's personal emergency evacuation plans were not all in place or up to date.
- Personal risk assessments in some people's care records were not up to date and did not reflect their current care needs.
- Shortfalls were identified in the risk management of areas such as choking, falls and managing behaviour that challenged the service.

Not assessing and mitigating risks, and the failure to appropriately maintain the environment and ensure safe systems in fire prevention demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Because of the level of the concerns, we met with the provider and they confirmed actions had and were being taken to ensure risks in relation to fire safety described above were assessed and managed. The provider had also arranged for detailed surveys of the building to be carried out and were working on a schedule for the remedial work to be completed.

Preventing and controlling infection

- The service experienced pest control issues in April 2019 and May 2019 which resulted in the temporary closure of one kitchen and some people had to move rooms.
- An inspection in May 2019 by the community infection prevention and control advisor had identified several shortfalls in relation to standards of hygiene and equipment. We found many had not been addressed.
- Furniture, bedding and flooring in two people's bedrooms were visibly dirty and odorous. We had to ask for these to be cleaned.
- The soap dispensers and hand sanitizers in some areas had run out. Pedal bins were broken or missing.
- Areas were dusty and dirty. Two other bedrooms had strong mal odours, and some chairs and carpets were stained.
- Cleaning staff told us they struggled to keep on top of cleaning the service.

Not ensuring safe systems to prevent the spread of infections was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels had not been reviewed, as advised by a fire and safety consultant in February 2019.
- The provider had determined two staff could meet the needs of people residing on two floors of the service. Feedback from staff and relatives was that day time staffing levels on these floors was insufficient due to people's complex needs. Even with support from housekeeping staff, care staff had struggled to effectively monitor the communal areas, when people required support with personal care.
- The use of agency staff had been high in recent weeks to cover staff sickness. Not all shifts had been adequately staffed.
- Procedures for recruiting new staff were safe.
- During the first day of inspection, the provider increased staffing during the day and night.

Not ensuring sufficient numbers of staff were deployed to meet people's needs and respond to potential fire emergency was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were stored and managed safely. People received their medicines as prescribed in a personalised manner by trained staff.
- There were some minor recording discrepancies. For example, instances when staff had not recorded why medicine to manage people's anxious behaviour had been administered or omitted.
- Some medicines prescribed for use 'as and when required' needed more detail to guide staff on when to use them.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and knew what to do if they thought somebody was at risk.
- People were seen to be very relaxed with staff and those who were able to, told us they felt safe.
- Several safeguarding concerns were received prior to and during the inspection. The improvement manager was working with the local safeguarding team to investigate all the concerns raised.

Learning lessons when things go wrong

- A process was in place for the review of all accidents and incidents, with details recorded of action taken to mitigate future risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The provider had not ensured the concerns raised around the safety of the building in meeting fire safety regulations had been fully explored and rectified.
- During and following the inspection surveys and work was completed around the building to determine the extent of the concerns. A schedule of work was drawn up.

Not ensuring the premises were appropriately maintained to ensure safe systems in fire prevention meant people were at serious risk. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Because of the level of the concerns we met with the provider who confirmed actions had and were being taken in respect of the risks described above to ensure compliance with fire regulations.

- The environment was adapted to the needs of the people living in the service, including those living with dementia.
- Bedrooms were personalised to suit people's needs and preferences.
- People had access to a secure garden area.

Staff support: induction, training, skills and experience

- Training in fire safety awareness and evacuation procedures was not up to date and very few staff had received this. After the inspection 75% of staff received this training with completion scheduled within two weeks.
- Some housekeeping staff performed a dual role and supported care staff to deliver personal care to people. At times, this included moving and positioning people, yet they had not completed practical courses in moving and handling.
- Staff were not receiving regular supervision. All staff supervision was out of date, including those staff who had transferred in recent months from another of the provider's services locally.

The lack of effective training and support meant staff were not enabled to carry out their role competently. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider acted within the MCA when people had been assessed as lacking capacity to make their own decisions. Mental capacity assessments had been completed, best interest meetings held, and applications made for DoLS.
- Verbal consent was obtained from people prior to staff supporting them.
- People who used the service said staff ensured they had choices. One person said, "I can choose my own routines and staff respect these."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved in to make sure the service was suitable for them. People and relatives were involved in assessments.
- People's care and support needs were assessed and recorded. However, some records we reviewed did not accurately reflect people's current needs and preferences.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. The menus provided a variety of meals and choices at each meal. Staff showed people living with dementia the plated meals, so they could choose what they preferred.
- Assessments had been completed by healthcare professionals to support people with eating and drinking. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for. People's weights were monitored regularly. Some monitoring records did not accurately reflect the amount of drink or food the person had taken.
- The mealtime experience for some people on one day of the inspection was poor. The organisation of the meal service was muddled, and some people were not positioned appropriately or sufficiently prompted with eating their meal. The improvement manager acted to address staff deployment and supervision.
- People told us they enjoyed their meals. Comments included, "The meals are very nice" and "We get a good choice and I like the puddings."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. Staff understood the signs and symptoms of people's illness and obtained the support of medical professionals when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Although staff demonstrated caring qualities, evidence throughout the inspection showed the provider was not ensuring the service was caring overall.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed good relationships with people and were friendly and caring towards them. We received many positive comments from people and relatives about the caring nature of the staff, these included, "Very kind and caring staff", "Everybody is lovely. Can't fault the ladies; all smashing to me" and "Very patient and kind staff. We are very pleased with their care."
- There was a relaxed homely atmosphere. People appeared comfortable in their surroundings and around staff. Visitors felt welcomed and involved in their relatives' care.
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff were aware of people who experienced anxiety and provided them with reassurance to support their emotional and mental wellbeing. We observed positive and genuine interactions between staff and people who used the service.
- Staff understood people's equality and diversity needs and respected these when providing care.

Supporting people to express their views and be involved in making decisions about their care

- People felt supported and listened to by staff. The 'Resident of the day programme' enabled people to be involved in regular reviews of their care. This had not always been maintained.
- Staff followed people's preferences, encouraged them to make choices and promoted their wishes. One person said, "I feel comfortable with the staff and they know me well."
- People were supported to access advocacy services if required, so they had access to independent support with decision making and expressing their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices around privacy. We saw they knocked on bedroom and bathroom doors before entering and had a caring approach when talking about the people they supported. One person said, "The staff always knock on my door and ask if they can come in."
- People looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed.
- People were supported to maintain their independence. Staff knew what people were able to do for

themselves and were patient and supportive in helping them to achieve this.

- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place to support all areas of need, but some plans had not always been updated to reflect changes in their care.
- Some care plans, such as those for bathing were not person-centred and did not describe the individual support people required. Staff told us the care records and their knowledge of people gave them enough information and enabled them to meet people's individual needs and preferences.
- Personal profiles informed staff about people's background, work and family history and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The way in which people communicated was assessed and identified in their care plans. This helped ensure staff understood how best to communicate with each person.
- There was appropriate signage around the service to assist people living with dementia. These included pictorial menus and an activity planner and signs to represent rooms such as lounges, bathrooms and toilets. People had photos or pictures on their bedroom door to help them recognise their room.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain links with family and friends. Relatives confirmed there were no restrictions on visiting.
- The service employed two activity coordinators to plan entertainment, activities and trips out for people.
- People received inconsistent support with activities and meaningful occupation during the inspection. On some floors people were engaged at times in activities such as games of bingo and skittles, doll therapy and reading magazines. On other floors people were sat passively for long periods of time with little staff engagement and stimulation.
- We found limited evidence to demonstrate meaningful activities took place for those people who chose to stay or were cared for in their bedroom.
- Feedback from people and relatives about the activity programme was mixed. Comments included, "There has been no activities that I've seen since they moved here last month", "Activities have tailed off a bit of late and it would be good if staff could get people out more" and "I like the singers that come sometimes."

- The improvement manager confirmed improvements were needed and they would be providing more direction to staff in meeting people's social needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Complaints were documented, investigated and complainants responded to.
- The provider had held two relative meetings to inform them of current safety issues and action they were taking. During this consultation some relatives raised concerns about aspects of care which the senior management team were following up on an individual basis. Themes included the quality of the laundry service, delays in care support and activity provision.
- During the inspection we received some concerns about the quality of the laundry which we passed to the management team to look into.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- Staff understood people's needs, were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences.
- Staff worked with healthcare professionals to ensure people were comfortable and pain free.
- A remembrance tree with tags had been provided in the foyer where people had written tributes to people who had died. A relative told us, "It's a lovely touch and we can share our memories."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had failed to respond appropriately to fire safety concerns identified in a fire prevention audit dated August 2017. In addition, they had failed to respond to fire safety recommendations from February 2019.
- Humberside fire service issued an enforcement notice on 23 August 2019 to ensure the provider complied with fire safety regulations within a set timescale. Following the inspection, the fire safety officer confirmed they were satisfied with the additional fire safety measures the provider had put in place and was monitoring the quality and completion of the remedial work.
- There had been a decline in some aspects of the management of the home. The provider's governance systems had not been effective in identifying or addressing deficiencies in aspects of the quality and safety of the service.
- Shortfalls identified in the infection control audit conducted in May 2019 had not been addressed.
- Staff had not received adequate training and supervision.
- There were shortfalls in the quality of recording information. For example, care records and risk assessments had not been updated when there had been changes in need. The quality of person-centred information in the care plans varied.
- Other recording shortfalls included monitoring records and records of 'as required' medicines and protocols. These included a lack of recording and inaccurate recording.
- There had been significant management changes at the service in recent months which had affected the day to day running of the service. The previous registered manager left the service in July 2019.
- The provider had arranged for a manager from the improvement team to manage the service. They were present with the senior management team throughout the inspection visit.
- Staff morale was mixed. Some staff felt there were communication issues and were upset with the new flexible rosters the provider planned to introduce. Most staff thought the improvement manager was very supportive and considered there had been improvements since they had started. They had confidence in the provider.

The evidence indicates a failure of good governance to assess, monitor and mitigate the risks relating to the health safety and welfare of people and to maintain appropriate and contemporaneous records. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Because of the level of the concerns we met with the provider and they confirmed urgent actions had and were being taken, in respect of the fire safety risks described above. They confirmed the new management arrangements in place and were recruiting a permanent manager, who would be registering with the CQC. They confirmed effective quality assurance systems would be put in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the requirement to be open and honest when things went wrong.
- Since the first day of the inspection, they had arranged group and individual meetings and contact with relatives to inform them of fire safety concerns and the action being taken.
- Relatives we spoke with felt reassured with the information given by the provider and felt their family members were safe. They had confidence improvements would be made with least disruption to people's routines.
- Senior managers had also met with staff in groups and on an individual basis and written to all staff employed at the service to inform them of the concerns and action they had taken.
- In June and July 2019, 15 people had moved into the service from one of the provider's other care homes. Staff from that service had moved with them which had provided continuity.
- Some relatives and staff we spoke with considered they had not received sufficient support following the move and expressed disappointment with the experience. The regional director and improvement manager were following these issues up.

Working in partnership with others

- The provider was working closely with other agencies and professionals to improve the safety at the service. This included the Care Quality Commission, clinical commissioning group, the local authority, the fire service and fire safety consultants.
- There was partnership working with other health professionals regarding assessments of people's needs and delivery of care. For example, speech and language therapists, physiotherapists and dieticians.
- Staff liaised with specialist nurses for specific conditions such as Huntington's disease and end of life.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not assessed and mitigated risks in relation to fire safety and personal risk.</p> <p>The registered provider had not maintained satisfactory standards of hygiene to prevent and control the spread of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider had not ensured the premises were appropriately maintained to ensure safe systems in fire prevention.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. They had not maintained systems and processes to effectively monitor the quality of the service and respond to shortfalls.</p> <p>The registered provider had not ensured accurate and contemporaneous records were in place.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff on duty at all times.

The registered provider had not ensured staff had received the training and support they needed to support them in their roles.