

# Roche Healthcare Limited

# Tudor 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 11 March 2016. Breaches of legal requirements were found. Parts of the service were not clean. This meant people who were not protected from the risk of infections acquired and spread. In addition we found some care records had not been updated and there were gaps in care plans, which meant that staff did not always have the written guidance they needed to care for people. The provider's systems to assess, monitor and improve the quality of the service were not always effective as they had not identified any of the issues we identified at inspection. At the inspection in March 2016 we rated the service as 'Requires Improvement'.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a further comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

We inspected the service again on 23 May 2017. This was an unannounced inspection, which meant that the staff and provider did not know that we would be visiting. At this inspection we found the provider had followed their plan and legal requirements had been met. However, we identified different breaches of legal requirements and rated the service as 'Requires Improvement'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Tudor House provides accommodation and nursing care to accommodate a maximum number of 30 older people, some of whom were living with a dementia.

Not all staff had not taken part in fire drills. Staff had not been provided with the training to ensure a person's safe evacuation from the service in the event of fire.

Staff were not up to date with their training in fire safety, equality and diversity and emergency first aid. There were insufficient staff trained in emergency first aid to ensure that a trained staff member was on duty on all shifts.

There were systems in place to monitor and improve the quality of the service provided. However, this quality monitoring system had not detected the further areas we identified as requiring improvement.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe

recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had an understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and acted in the best interest of people they supported. However, best interest decisions did not always record the views of family and professionals.

Menus provided people with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. We received mixed feedback from people on the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were kind and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for. People's independence was encouraged.

An activity co-ordinator was employed four days a week to plan outings and activities for people who used the service. However, limited activities took place when the activity co-ordinator was on holiday.

People's needs were assessed and their care needs planned in a person centred way. Care plans were reviewed on a regular basis to ensure they reflected people's current support needs.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this 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 safe.

Not all staff had not taken part in regular fire drills. Staff had not been provided with the training to ensure a person's safe evacuation from the service in the event of fire.

People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Risks to people's safety had been assessed by staff.

There were enough staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Staff were not up to date with their training in fire safety, equality and diversity and emergency aid. There were insufficient staff trained in emergency first aid to ensure that a trained staff member was on duty on all shifts.

Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People told us that staff asked for their consent, and showed a good understanding about how they sought this.

We received mixed feedback on the food people received. People were weighed on a regular basis and nutritional screening took place.

**Requires Improvement** ●

### Is the service caring?

This service was caring.

People told us that they were well cared for. We saw that the

**Good** ●

staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

People were treated with respect and their independence, privacy and dignity were promoted. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others who to speak up on their behalf.

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

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs.

People were involved in activities and outings; however limited activities and outings took place when the activity co-ordinator was on holiday.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

**Requires Improvement** ●

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

The service was not always well led.

Improvements had been made to the quality monitoring of the service, however, we did find other failings. Staff had not taken part in regular fire drills, which included a simulation of practice. Staff had not received appropriate training to enable them to carry out their duties. There were insufficient staff trained in emergency first aid to ensure that a trained staff member was on duty on all shifts. There were gaps in care records and limited activities took place when the activity co-ordinator was on holiday.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

**Requires Improvement** ●

# Tudor 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 checked 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.

We inspected the service on 23 May 2017. This was an unannounced inspection, which meant that the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care 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.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sat in communal areas and observed how staff interacted with people. We spoke with 11 people who used the service and six relatives. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager, provider, compliance manager, activity co-ordinator and three care staff. We also contacted commissioners of the service to seek their views.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medicine records. We also looked at staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

At our last comprehensive inspection in March 2016 we found the provider was in breach of regulation concerning safe care and treatment. Parts of the service were not clean. This meant people were not protected from the risk of infections acquired and spread.

At our inspection in May 2017 we found the provider had followed their plan and the service was clean and tidy. Many areas of the home had been refurbished. Communal areas had been decorated to a high standard and new furniture had been purchased. Cleaning schedules had been revised and staff had received training. During the inspection we walked around the service and looked at all communal areas, some bedroom and bathrooms. We found the service to be extremely clean and tidy.

During our inspection we looked at records regarding fire safety, which confirmed fire drills including a simulation of evacuation and practice had not taken place with all staff. This meant the provider had not implemented suitable training plans for the safe operation of premises and equipment in the event of a fire.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

The registered manager contacted us after the inspection and told us after our inspection the maintenance technician for the organisation has provided fire training to all staff including night staff. This training included the use of equipment to get people out of bed and from one zone of the service to another. The registered manager told us they had a fire evacuation planned for 29 June 2017 and there would be others after this time to ensure all staff had been part of a drill.

We asked people who used the service about safety, one person told us, "I feel safe here I suppose I do the fact that there are other people here makes me say that." Another person said, "Yes safe here, I have good friends here."

Risks to people's safety had been assessed by staff and included areas such as falls, moving and handling, nutrition and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe.

Staff told us of the different types of abuse and what would constitute poor practice. Staff were able to describe how they would recognise any signs of abuse or issues of concern. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff told us about the registered provider's whistleblowing policy. This ensured the welfare of people was protected through the whistle blowing and safeguarding procedures.

The service does not have a high turnover of staff and only one staff member had been recruited since our last inspection in March 2016. Records examined confirmed that the registered provider operated a safe and

effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. We saw people received support when they needed it and staff were available. The registered manager told us there were four care staff and a nurse on duty during the day and two care staff and a nurse at night. In addition another nurse was on duty from 9am until 12 midday for up to three days a week to ensure care planning was up to date. A relative we spoke with said, "There are always plenty of staff when I visit. I never come announced. I come at different times. There's never any variance in the care."

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers, electrical installation and the fire alarm.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incident in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

The nurse was able to describe the arrangements in place for the ordering and disposal of medicines. Each month nurses completed a stock check of medicines and ordered what was needed for each person for the month ahead. The nurse told us that medicines were delivered to the home by the pharmacy usually about three days before their current supply of medicines ran out. Medicines were checked in by nurses to make sure they were correct. We told us by having the medicines delivered three days early this ensured continuity of supply and enabled them to rectify any inaccuracies or incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

The registered manager told us they regularly observed nurses when they administered medicines and tested them in other areas such as systems to make sure they were a safe practioner. However, this wasn't always documented. After the inspection the registered manager sent us evidence that recent medicine competencies with nurses had been undertaken.



# Is the service effective?

## Our findings

Staff told us they had received induction training and shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent. We looked the training chart and saw that 97% of staff had completed training in moving and handling and infection control. Safeguarding and Mental Capacity Act training was every three years and 79% of staff were up to date with this training. However, training for staff in some areas was not up to date. The training matrix identified only 66 % of staff were up to date with training in equality and diversity, only 52% of staff were up to date with their fire training and only 17% of staff were trained in emergency first aid. During the inspection we spoke with the registered manager who told us the were aware that staff were not up to date with their training, however, they had not taken action to address this. We will report this breach under the well led section of our report.

The registered manager contacted us after the inspection to advise that a further three staff had completed training in emergency first aid on 11 June 2017 and advised that a further training session had been arranged for 18 July 2017. Fire training had been arranged for 23 June 2017 and 17 July 2017.

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 when this is in their best interests and legally authorised under the MCA. The application 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. At the time of the inspection three people were subject to a DoLS authorisation and six were pending awaiting a response from the authorising body.

Staff told us that some people who used the service lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. Care records contained decision specific mental capacity assessments and best interest decisions. However, best interest decisions did not always record the views of family and professionals. We pointed this out to the registered manager who told us they would take immediate action to address this.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "Staff look after you well and always get you what you want." Another person said, "I'm ok I am well looked after." A relative said, "[Person who used the service] wants for nothing, if [person who used the service] wants anything they get it for [Person who used the service] and keep in touch with me [next of kin]." Another relative told us a person who used the service had recently moved to Tudor House from another service as they had not been happy with the care the person had received. The relative was keen to

compliment Tudor House staff and care. They said, "[Person who used the service] is a completely different person since moving here. [Person who used the service] is settled, sleeps better, eating better and actually smiling again."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "I feel supported and everyone here works as a team."

We looked at the menu plan which provided a varied selection of meals and choice. Staff told us they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We observed the lunch time of people who used the service. We saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. Staff helped those people who needed to cut up their food.

We received mixed comments from people when we asked about the food provided. One person said, "The food is lovely and there's plenty of it." Another person said, "They [staff] make sure they keep us well fed." Those people who expressed some dissatisfaction were those people who required a pureed diet as they had some problems with chewing and swallowing. One person said, "I'm on a soft diet they tell me, and its mince and mash, I don't like mince or mash." Another person said, "Food is not too bad but same stuff potatoes and mince." On the day of the inspection one person told staff they did not want their mince and mash and asked for corned beef hash. The cook was able to accommodate this and the person was very pleased. We looked at the four week menu pan and saw that a mince dish appeared on the menu for one meal each week.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician.

We saw records to confirm that people continued to have access to the dentist, optician, chiropodist, dietician, speech and language therapy, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would visit people at home whenever they needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to.

# Is the service caring?

## Our findings

People spoke positively about the care and support they received, and described staff as kind and caring. One person told us, "I've been highly satisfied and settled living here." Another person said, "If you want anything the nurses are generally about, they are very kind." A relative said, "The staff are really lovely and really do care." Another relative said, "I don't think you would find any more caring staff than here."

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication.

Staff were kind and caring and supported people in a calm and gentle way, working at the person's own pace and offering reassurance throughout. For example, when people were using the hoist, we saw that staff gave people step by step instructions of what to expect and provided reassurance. We saw that people and staff had friendly conversations and knew each other well.

Throughout the day we saw staff interacting with people in a caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent and making sure curtains and doors were shut when providing personal care. One staff member said, "We [staff] always make sure we give them [people who used the service] choice and always show respect."

We saw staff showed respect at lunch time when one person living with a dementia tried to pour juice from a jug into some glasses, however unfortunately went over the table. The staff member thanked the person for helping them and then promptly went to get a cloth and discretely wiped the table.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them and that relatives and friends could visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process to follow should an advocate be needed.

## Is the service responsive?

### Our findings

At our last inspection in March 2016 we identified some gaps in care records which meant people were at risk of receiving care which was not planned or based on their current needs. In addition we found some out of date information within care records.

The registered manager told us they and other staff had worked extremely hard to improve care plans and bring them up to date. During this inspection we reviewed the care records of three people who used the service. Staff had carefully assessed people's needs and care plans had been developed highlighting how people wanted to be cared for. We looked at the care records of one person who was unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. This care plan contained detailed information on the feeding regime, flushes to be given and regular rotating of the tube to prevent adherence.

Another care plan we looked at provided clear guidance to staff about how to support the person with moving from one place to another. For example, when the person was transferring from their bed to the toilet and from their wheelchair in to the shower. In addition the care plan contained information on how to ensure safety, comfort and careful positioning.

We noted that the service used 'core care plans' for certain areas such as maintaining a safe environment. These are pre-printed care plans into which the person's name was added. There was scope for individualising these care plans, by the addition of extra information unique to the person, but this didn't always happen. We pointed this out to the registered manager who told us they would take action to address this. For one person, the maintaining a safe environment care plan identified multiple medical problems the person had. However, we noted that there wasn't always a care plan for the medical problem. For example, one person had a heart condition that meant they may require medical attention. However, there wasn't a care plan for this. This was pointed out to the registered manager who told us they would take immediate action to address this.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

At our last inspection of the service in March 2016 we found that people were not consistently provided with meaningful activity and stimulation and we recommended the service developed a more structured activity programme of activity and stimulation for people based on their individual preferences.

The service employed a staff member to plan activities and outings for people who used the service. At the time of the inspection this person worked for six hours on four days a week. The registered manager told us this would increase as the occupancy increased.

During the inspection we spoke with the activity co-ordinator who told us they had worked closely with

another activity co-ordinator in the organisation to improve the variety of activities for all people. They showed us individual plans of activities that had taken place such as bingo, knitting, one to one chats, snakes and ladders and an outing to a tea dance.

One the day of the inspection three people who used the service enjoyed an outing to the garden centre; however this meant people who stayed at the service had limited stimulation. In addition when the activity co-ordinator was on holiday there were limited activities and outings to take place. We pointed this out to the registered manager who told us they would look again at activities.

One person who used the service said, "I never like socialising, not interested in any activities prefer to be in my room." Another person told us they had enjoyed pet therapy when a donkey visited the service. A relative we spoke with said, "They [staff] see to [person who used the service] getting their haircut regularly I give the nurse the money and she sorts it out. I'm not sure about what activities go on except that they do lots of things for like Easter and Christmas there are always things going on then."

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns. One person said, "If I had a complaint I would go straight to [name of registered manager] who would sort it out."

## Is the service well-led?

### Our findings

At our last comprehensive inspection in March 2016 we had found the provider was in breach of regulation concerning good governance. Audits of the service had not identified that care records were not up to date. Parts of the service were not clean and people were not protected from the risk of infections being acquired or spread.

At this inspection in May 2017 we found the provider had followed their plan and regular care plan auditing meant that care records were individual to the person and the service was clean and tidy. Many areas of the home had been refurbished. Communal areas had been decorated to high standard and cleaning schedules and infection control audits were in place.

However, this inspection identified further failings. Staff had not taken part in regular fire drills which included a simulation in the event of a fire. Staff had not received appropriate training to enable them to carry out their duties. There were insufficient staff trained in emergency first aid to ensure that a trained staff member was on duty on all shifts. Some improvement was needed in the recording of care plans and ensuring that best interest decisions recorded the views of family and professionals. We also identified that limited activities took place when the activity co-ordinator was on annual leave. This meant that although the provider had improved the quality with regard to the environment and care planning, other concerns were found and the quality monitoring system in place had not been fully effective. There are areas which require further improvement to ensure safe and effective care is delivered.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

The registered manager and staff told us they had worked very hard since the last inspection of the service to address our areas of concern. They told us the service had undergone extensive refurbishment and numerous infection control audits and many changes to the cleaning schedules. In addition time had been spent on bring care plan records up to date which might account for failings in identified in this inspection.

The home had a registered manager who has worked at the service for over 30 years. People who used the service told us they liked the registered manager and they were very approachable. One person said, "[Name of registered manager] is good in more ways than one, always there to see what you want." A relative we spoke with said, "[Name of registered manager] absolutely nothing is too much trouble."

The registered manager was supported by a compliance manager and the provider who visited the service on a regular basis. During these visits they carried out a baseline audit and monitored the quality of the service provided. In addition they spent time with people who used the service.

Staff had a clear sense of the culture and values of the service, which they described as providing good quality care and treating people as individuals. One member of staff said, "I love my job and working here. We are a good team." Another staff member said, "[Name of registered manager] is really approachable and

works with us."

A number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us quality audits had picked up that training was out of date and at the time of the inspection the registered provider was in the process of sourcing on line training for staff.

Feedback was sought from families, professionals and staff. We looked at the results of recent surveys carried out in March 2017 which were positive.

Meetings with people who used the service were also held. We saw records which confirmed people talked about fundraising, activities and improvements to the building. We could not determine if meetings were well attended as the names of those taking part were not documented. We pointed this out to the registered manager who told us they would ensure names of people in attendance were documented.

We saw records to confirm that staff meetings had taken place regular basis. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. One staff member said, "[Name of registered manager] encourages us to share our views."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Staff had not taken part in regular fire drills which included evacuation.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Quality monitoring systems had failed to identify that staff had not received appropriate training to enable them to carry out their duties. There were insufficient staff trained in emergency first aid to ensure that a trained staff member was on duty on all shifts. There were gaps in care records and limited activities took place when the activity co-ordinator was on annual leave.
Treatment of disease, disorder or injury	