Silverline Care Limited

Manorcroft

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 and 11 December 2017 and was unannounced. We previously carried out an inspection in February 2015, where we found the provider was meeting all the regulations we inspected. Although we asked the registered provider to take action to make improvements to the storage of some confidential records. At this inspection we found some confidential were not locked away, however, this was rectified on the first day of our inspection.

Manorcroft is a 'care home'. People received 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.

Manorcroft accommodates up to 40 people on two separate floors with a lift or stairs access to the upper floor. People had ensuite facilities in their bedrooms with communal bath and shower rooms located on each floor. On both days of our inspection there were 37 living at Manorcroft. People with both residential and nursing needs were supported on both floors.

At the time of our inspection the home did not have a registered manager. The manager was in the process of submitting the application form and other relevant documentation to the Care Quality Commission to become the 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.

People told us they felt safe in the home and staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. However, risks to people were not always identified and managed safely, accident and incidents were not always analysed accurately and some areas of medicines were not well managed.

People were offered choice; however, the care plans did not always contain decision specific mental capacity assessments. Deprivation of Liberty Safeguards were mostly well managed.

Staff did received training and support required to meet people's needs. Recruitment procedures were not robust to make sure suitable staff worked with people who used the service. We found people were cared for, or supported by, sufficient numbers of staff.

People's care plans did not always contain sufficient and relevant information to provide consistent, person centred care and support.

People's mealtime experience was good and people received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity and people were

able to individualise their bedrooms.

People and relatives told us they found the manager approachable and they listened to them. We found some of the quality assurance systems needed to be improved to ensure people received a consistent quality service.

The manager and staff explained they knew people well and as such they provided a person-centred approach to end of life care.

Throughout our visit, people were treated with sensitivity, kindness and compassion. Staff had a good rapport with people. People told us they liked living at Manorcroft and they were well cared for. Relatives told us their family members were well looked after. People enjoyed the different activities available and we saw people smiling and engaging with staff in a positive way. Staff understood how to treat people with dignity and respect and were confident people received good care. We observed people were well cared for. People were supported to remain independent and advocacy services were available if required.

The home was clean and tidy and there were effective systems in place to reduce the risk and spread of infection. People and relatives told us they knew how to complain and were confident the manager would address their concerns.

Staff told us they involved people and family members in their care plan, however, this was not always evidenced in the care plan. The manager told us they were in the process of carrying out six monthly care plan reviews.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end 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?

Inadequate

The service was not always safe.

Risks to people were not always identified, assessed and managed safely. Some areas of medicines were not well managed.

Staffing levels were sufficient, although, we found recruitment procedures were not always robust.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. The home was clean and tidy and there were effective systems in place to reduce the risk and spread of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

People were offered choice, however, the care plans we looked at did not always contain decision specific mental capacity assessments.

Staff completed appropriate training. Although, staff did not always have the opportunity to attend supervisions and annual appraisal meetings.

People's nutritional needs were met and people attended regular healthcare appointments

Is the service caring?

Good

The service was caring.

People valued their relationships with the staff team and felt they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Staff told us they involved people and family members in their care plan, however, this was not always reflected in the care

plan. The manager told us they were in the process of carrying our six monthly reviews.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Pre-assessments were not always fully completed and information in care plans lacked detail and were contradictory to provide person-centred care. The manager and staff explained they had a person-centred approach to end of life care.

There was opportunity for people to be involved in a range of activities within the home and the local community.

People and relatives told us they knew how to complain and were confident the manager would address their concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager was very supportive and well respected.

The provider had systems in place to monitor the quality of the service; however, these were not always effective.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Manorcroft

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 6 and 11 December 2017 and was unannounced. On day one, the inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, the inspection team consisted of two adult social care inspectors.

On both days of the inspection there were 37 people living at Manorcroft. We spoke with eight people who used the service, seven relatives, nine care staff, two nurses, the cook, the maintenance person, the manager and the chief operations officer. We observed care interactions in the communal lounges, observed the lunchtime meal and observed people planning and undertaking activities. We spent some time looking at the documents and records that related to people's care and support and the management of the service. We looked at two people's care plans in detail and a further seven care plans for specific information. We looked also looked at seven people's medication administration records.

Before our inspection we asked the provider to send us a provider information return (PIR). We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. During our planning for the inspection we did analyse the 103 'death' notifications the registered provider had submitted to the Care Quality Commission over the last two years. We obtained feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Inadequate

Is the service safe?

Our findings

People who used the service and relatives we spoke with told us they felt safe and the home was a safe place. Comments included, "I feel so safe here", "I can assure you this is a safe place to live", "The staff do all within their power to keep our mother safe" and "Since my wife came to live here, she has gone from strength to strength. They keep her safe and care for her so well." One staff member said, "The managers put safety first, they make sure staff and residents alike are kept as safe as possible."

We looked at how fire safety was managed and found this was not satisfactory.

Most people had a personal emergency evacuation plan which identified the type of assistance they needed in the event of an emergency. At the time of our inspection some night shifts were being covered on a regular basis by an agency nurse. This meant reliable information recorded on PEEPS was important as agency staff may not have been familiar with the people they were caring for. The majority of people had up-to-date PEEPS, although three records dated October 2017 had not been completed with details of people's moving and handling needs. We asked a staff member about the mobility needs of two people where the PEEP had not been completed. They told us one person required two staff members and a stand aid and the other person required a hoist as they were unable to weight bear. This meant people could be at risk of not receiving the correct support in the event of an emergency.

We noted red or amber coloured dots were on people's bedroom doors. Four staff we spoke with were unable to explain the meaning of the dots. The manager told us these linked to the PEEP rating for each person, however, they and the chief operating officer told us they were going to remove the dots. This meant people could be at risk of not receiving the correct support in the event of an emergency as the system had not been implemented effectively.

We saw records of a fire risk assessment dated November and December 2017, an inspection and servicing of the fire detection and alarm system had taken place. Records showed regular inspection of doors and escape routes, fire alarm call points, fire alarm tests, emergency lighting checks and fire extinguishers. Fire drills had been carried out in March, August, October and November 2017. We saw names of fire marshals were displayed at fire activation points in the home, along with fire awareness information.

We saw breakfast was served from a small kitchen area on each floor. We asked the manager and the chief operations officer if they had a specific risk assessment for these kitchen areas. They said there was not a specific risk assessment but as part of the general risk assessments in place they did have one for 'working in the kitchen'. We saw other general risk assessments in place which included smoking and external walkways.

We did see a multi-factual fall assessment in two of the care plans we looked at and a bedrail risk assessment in one of the care plans. However, these were a list of questions requiring a yes/no answer and did not provide guidance for staff on how to keep people safe. The manager said they needed to put stronger risk assessments in place.

We noted some people were nursed on an airwave pressure mattress. One person's care plan stated '[person] remains on an air mattress which setting is programmed to 100kg, this should not be altered unless sat up, and then 10kg can be added to the body weight program to maintain good air flow'. A staff member told us the person weighed 56kg on 3 December 2017 and the pressure of the mattress should be set under 60kg. When we checked the person's mattress we saw it was set between 70kg and 80kg. It is important these mattresses are set correctly to ensure they provide effective pressure relief to people who may be at risk of developing pressure ulcers. The manager said they would review people's mattress settings.

Staff we spoke with told us people had slings in their bedroom and these were the correct ones for their weight. The slings were never shared and they knew which loops to use. They said there was a chart in people's rooms which explained which sling should be used. We asked one of the nurses about the chart and they told us this information would be in people's care plans and not on a chart. We looked at one person's moving evaluation care plan which stated 'to be moved from one place to another using hoist and sling'. Staff we spoke with told us the person used a medium sized sling and we found this was the size of the sling in their bedroom. We found information in care plans for a person who required a hoist did not provide sufficient detail to reduce the risk of harm to either the person or staff. There was no information regarding which loops to use and the size of sling to be used was not always recorded.

We asked both the manager and a staff member how many slings for moving and handling transfers were in use at the time of our inspection and they told us this number was 30. The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) states that checks on equipment used as part of hoisting people should be tested every six months to ensure if it is safe to use. We saw a certificate which showed 10 slings had been thoroughly tested in August 2017, which meant there was a further 20 slings which did not have an up to date record of thorough testing. We looked at six slings in use and saw examples where the serial number was not recorded on the item and there was no evidence to demonstrate they had been thoroughly tested as they were not listed on the certificate we saw. We informed the management team who told us they would review this.

We saw one hoist had a document attached which stated 'clean after every use'. We saw for 5 December 2017 it was recorded 'clean and working'. When we checked the other hoists in the home they did not have this document attached. The manager said this should be on every hoist.

We saw the laundry area had a clear process for managing dirty and clean laundry and was very spacious, however, both the in and out doors were routinely left open allowing access for both people who used the service and visitors. We also noted not all the sluice rooms were kept locked, for example, on both days of the inspection the sluice room near bedroom 25 was not locked. We spoke with the manager who said they would immediately address these. This meant people and/or visitors could be at risk of harm due to the contents stored in these areas.

We looked at some of the communal bathrooms and found water temperatures were not always recorded. We saw in one of the bathrooms on the top floor a note above the bath which stated 'suitable bath temperature is 40 degrees centigrade. Please check before bathing', however, there was no thermometer in the bathroom. There was also a risk assessment displayed in the bathroom, which stated, 'all bathrooms and shower rooms have thermometers and water temperature recording book'. In a shower room on the ground floor we noted there was no water temperature book or thermometer.

We looked at a shower room on the top floor and found there was a thermometer on the sink but there was no book to record the shower water temperature. We went to test the hot water from the sink tap using the

thermometer and found the thermometer was not working. This was confirmed by the manager when we showed them this.

We saw in one of the downstairs bathrooms the water temperature book was last dated 31 July 2017 and recorded '39 degrees centigrade'. A staff member told us, "[Person] used the bathroom on Monday this week, as [person] likes a bath on a Monday." This meant water temperatures were not recorded and reviewed prior to people taking a bath.

We saw monthly checks of water temperatures to ensure these were set within an appropriate range. Certificates for legionella testing, electrical and gas safety were each found to be up-to-date.

We saw accidents and incidents were logged each month which recorded time, location, person, injury severity, cause, body part, accident details. We looked at the analysis for accidents and incidents for October 2017 and saw six incidents had been included within the analysis. However, we found the number of accident forms that had been completed for the same period was nine. We looked at the analysis of accidents and incidents for November 2017 and saw 11 incidents had been included within the analysis. However, also recorded on the analysis information was a fall from height and a lifting and handling injury, but no accident/incident form had been completed. The manager said they were not sure why they were anomalies within the analysis and would review them again. This meant the manager my not take appropriate action to make improvement following the review of accidents and incidents.

A staff member told us, "I always complete an accident form when needed." On the first day of our inspection, we saw a person in the upstairs lounge area fall to the floor, a staff member quickly assisted the person and a nurse checked if the person was alright. We asked the manager on the second day of our inspection if an accident form had been completed for this incident they said it had not.

The manager told us they held 'flash meetings' meetings with staff or provided a specific topic supervision session to review any lessons learned as a result of reviews and investigations when things go wrong. They would also provide extra training for staff if required. One staff member said all the staff go to handover and this was how lessons were learnt.

Procedures to protect people in the event of a fire were not robust and risks to people were not always effectively managed. We concluded this was a breach of regulation 12 (1) (a)(b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they received their medication on time. Comments included, "I get my medication just when I need it" and "They are pretty good at giving you your medication. I always get mine on time; I get it when I chose to get up."

We looked at the management of medicines and found this was not always safe. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. People's medicines were locked in a small cupboard in their bedroom or in the medication trolley if they chose not to have a small cupboard in their room. The cupboard keys were then locked in the medication room. People's bedroom temperatures were checked daily. We checked two people's room temperature records and saw on occasion the room temperature did exceed the recommended. Room temperatures checks in October and November 2017 found in one person's room it was 29 degrees centigrade on 5 December 2017 and 26 degrees centigrade on 6 December 2017. A nurse told us they were not sure what the recommended temperature range was and we saw there were no instructions for staff on

what they should do if the temperatures went out of the recommended range. Another staff member said they would open a window or put a fan on.

One person who lived at the home received their medicines covertly. Covert medication is the administration of any medicine in a disguised form. For example, medication administration record (MAR) stated 'atorvastatin tablets 20mg 'taken one daily avoid grapefruit can be crushed and mixed with water or food'. We saw evidence the GP had been involved in the decision making process for medicines to be administered covertly, although there was no evidence a mental capacity assessment had been completed for this person. A nurse told us the person took the medication with porridge or toast and marmalade. We looked at the care plan which confirmed the person preferred to take the medications with food. Covert medication can only be given where a person lacks capacity and an assessment of capacity had been completed.

Protocols for the use of medicines prescribed for use 'as and when required' (PRN) were not always in place or this information was not detailed. For example, we saw one person had been prescribed paracetamol as PRN but the PRN protocol stated 'one or two to be taken for pain relief'. There was not sufficient guidance for staff of when to give one tablet and when to give two tablets. A nurse told us they would look for signs to see if the person was in pain and if they looked disgruntled.

The system to manage the applications of creams was not robust. We found the topical medication administration records (TMAR) and body maps which guided care staff where to apply creams were not in place. We looked at one person's MAR which stated 'Sudacrem antiseptic healing cream apply to affected areas when required'. There was no TMAR, PRN protocol or body map in place. A staff member told us they would not know where to apply this cream. The same person was also prescribed Timodine cream and the MAR stated 'apply three times a days – store in a refrigerator'. We noted 'F' was recorded on the MAR which meant care staff were to apply the cream. We did not find the cream stored in the fridge or in the person's bedroom and there was no TMAR or body map. A staff member told us, "Creams are mentioned in handover but I am not sure about this one." Another staff member said, "I cannot wash anyone without giving creams. I put it on daily and record this on the handheld but I don't tick the MAR."

On the second day of our inspection body maps and TMARs had been put in place, however, the body map for one person did not show which area of the body the cream should be applied.

We saw some people were prescribed nutritional supplements; however, this was not always managed effectively. Two care staff told us they signed a sheet in the person's room to say the nutritional supplement had been given and the nurse signed the MAR but they said they did not always tell the nurse when this had been given. We saw one person's MAR stated they were prescribed Fresubin thickened stage 2 custard which stated 'take 100ml (half bottle) twice a day'. The food additives record signed by staff stated 'Fresubin take 200ml in one day stage 2 custard'. Records showed on 19, 23, 24, 29 October 2017 and 4 and 5 December 2017 200mls or Fresubin had been given in one go. Another person had been prescribed thick and easy thickening powder and the MAR stated '2 scoops to 200ml of fluid' which had been hand written. The person's care plan for eating and drinking stated '3 scoops of thick and easy to 200ml of fluid'. The food additives record (thickeners) stated '3 scoops to every 200mls fluid'. A staff member told us they gave the person two scoops to 200ml of fluid. This meant people may not have received nutritional supplements as prescribed.

We saw from the training records provided on the second day of inspection, the administration of medication training for staff who were responsible for administering people's medicines had expired. For example, for one nurse the records showed their training has expired in January 2017. Following our

inspection the chief operations officer told us the out of date training information was accidentally given to us on the second day of our inspection. We saw the up to date training records showed appropriate training had been completed by nursing and senior care staff who were responsible for administering people's medications. We saw the nursing staffs Nursing and Midwifery Council registration were in date.

Current NICE (National Institute for clinical Excellence) guidelines for managing medicines for adults receiving social care, advises staff 'have an annual review of their knowledge, skills and competencies'. The manager told us the competency checks should be completed annually. We saw in the registered providers administration of medication policy stated 'competency and supervised practice sessions will be completed during the induction period followed by an annual assessment of competency'. We looked at the medication competencies records and saw four of the nursing staff' competency assessments had expired.

We concluded the management of medicines was not carried in a safe way. This is a breach of Regulation 12(2)(g) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with thought there were enough staff to meet their needs. Comments included, "There always seems to be enough staff, you don't have to wait long for help" and "The staff come straightaway if you need help." However, some relatives we spoke with said, "I have known there be a shortage of staff" and "Sometimes there's not enough staff at weekends, they seem to be very busy and running around."

We found staffing levels were sufficient to meet the needs of people who used the service. On both days of our inspection the home's occupancy was 37. The manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. The manager told us the current dependency tool was been reviewed and they were looking at using a different dependency tool. The manager said they currently determine staffing levels by knowledge of residents and staff and extra staff were always granted when needed.

The manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or they used agency staff. Staff we spoke with confirmed this. The manager told us staff work well together and the teams were very organised and changed shifts if needed. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member said, "Staff levels are good and we have two on each side, plus a nurse. If staff ring in sick, nine times out of 10 other staff cover. We only really have agency on a night." Another staff member said, "I think we do have enough staff and we're setting more on."

On the second day of our inspection one inspector started the day at 6.45am. We spoke with night staff and checked how many staff were working. The manager had told us, "There should be one nurse and four care staff on shift during the night." They also told us they were currently recruiting for night staff and had interviewed seven potential candidates the previous week. We found there were four care staff and one nurse on the night shift. Although, one staff member told us, "We half dress them to help the day staff, three on one side and three on the other side." We spoke with the manager about this and they said this should not be the case and would address this issue immediately. Another staff member said, "It is the person's choice of when to get dressed."

We looked at the process for the recruitment of three members of staff and found this was not safe. The registered providers recruitment and selection policy stated 'at interview, confirm details of their current

and previous employment and provide explanations for any gaps in employment' and 'where a role requires a DBS this will normally be obtained prior to the candidate commencing work'.

We saw the last employer reference for one staff member had not been taken and there was no evidence to show this had been requested unsuccessfully. We found where a risk assessment should have been used to evidence a decision to recruit a staff member was safe; this assessment was recorded as not needed. A check with the disclosure and barring service (DBS) had been made, although the DBS was recorded as being received one month after the staff member started their employment. The interview record did not address a three month gap in employment and a previous disclosure had not been discussed. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at a second recruitment file and saw the DBS was dated three days after the staff member had started their employment. The management team told us they would check this. We found in two of the three files the interview record was not scored, which meant there was no formal assessment to demonstrate the candidate's suitability for the post. We shared our findings with the management team who told us they would review this process to ensure it was more robust in future.

The evidence above shows the registered provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us, "I have done my safeguarding training. I would not hesitate to report any concerns." Another staff member said, "People are safe. I check on them, meet their personal needs, support food and fluids and look out for pressure care issues. I would get the nurse to check on people if needed." When we looked at the staff training matrix we saw staff training had expired. For example 21 staff members training had expired in 2016. Following our inspection the chief operations officer told us the out of date training information was accidentally given to us on the second day of our inspection. We saw the up to date training records showed appropriate training had been completed.

Staff told us they would report abuse to the manager and also said they could contact the registered provider's whistleblowing service. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. We saw the registered providers whistleblowing policy was displayed in the staff area. One staff member said, "I feel comfortable to report abuse." Another staff member said, "I am fully aware of the whistleblowing procedures and I would not hesitate to use them."

People said they were cared for in a clean environment. Relatives we spoke with told us, "The cleanliness in this home is so much better. There has been a lot of decorating" and "The domestic team are great."

We looked around the home and found the premises were clean and tidy. Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control. One staff member told us they had completed the on-line training in infection control and they was always enough personal protective equipment. We looked at the training matrix and saw some staff training was overdue. There were up to date infection control policies and procedures in place.

Requires Improvement

Is the service effective?

Our findings

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 saw the registered providers DoLS procedure was displayed in the home and there was also a mental capacity easy read guide displayed in the staff area. The manager and staff were observed during the inspection offering people choice. Two staff we spoke with had a good understanding of MCA and DoLS. One staff member said, "It is about decision making and choice. I always offer choice" and "You are depriving someone of what they want or need to do."

We looked at the DoLS checklist which recorded if the person had a DoLS in place, what date it was granted and the renewal date. We saw one person's renewal date was 21 March 2018. However, when we looked at the DoLS authorisation in the person's care plan it stated this had expired on 22 March 2017. The manager was not sure why the current version of the DoLS authorisation was not in the person's care plan.

The care plans we looked at did not contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. We saw in one person's sleeping care plan it stated 'make sure bed rails are fully in place' and we saw an 'assessment of mental capacity determination of best interests' which had been completed with a family member and staff in relation to the use of bed rails and locked doors. In another person's sleeping care plan it stated '[name] has bed rails and bed bumpers insitu'. We saw an MCA which referred to another person's name under the heading 'give a description of the decision to be made' and other areas of the MCA referred to the person whose care plan it was. There were no other MCA in the care plans we looked at and the manager told us they did not have decision specific mental capacity assessments.

The care plans we looked at did not always contain appropriate and person specific mental capacity assessments, which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11 (Need to consent); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with said training was mostly e-learning but some training was face to face. Comments included, "I have had training in moving and handling", "I am happy with the training, it is mostly e-learning, I have completed fire awareness and behaviours that may challenge others" and "Knowledge is checked at supervision which is every six months."

We looked at staff training records which were given to us on the second day of our inspection and these showed a range of training courses were available for staff. These included fire safety, MCA and DoLS, safeguarding, infection control and Dementia awareness. However, training records showed some areas were marked in red to indicate training was overdue but when we looked at the records with the amber areas and sections with only dates recorded, these also were overdue. For example, fire safety training should have been completed by a staff member in August 2017 but this had not been highlighted as overdue on the training records.

The manager told us specific training was available for staff including Parkinson's disease, specific diets and end of life care, however, the only training recorded was for nutrition for a person with complex needs. They also said they checked what training had been completed and would send staff a letter reminding them training was due. From the information provided at the time of the inspection there was no mechanism for monitoring staffs' training compliance.

The chief operations officer said the care certificate was something they were looking at and looking to include in the content of the registered providers induction programme. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

We looked at the supervision record dated August 2017 for one member of staff which stated they had fallen asleep during a night shift in the same month. There was no specific action taken in response to this incident. We shared this with the management team who were unaware of this event.

The recording of supervisions was not always clear as some had been captured as hand written notes which provided little context for the discussion taking place. For example, one person's supervision dated October 2017 asked 'Working relationship with residents and concerns'? The response was 'Confidentiality – phone info'. Five staff supervisions completed between July and August 2017 contained mostly the same handwritten notes which meant this process was not individualised. We saw recent examples where the supervision was more clearly recorded. We were informed that staff appraisals had not been completed since 2015. Appraisals are used to evaluate past performance and identify future support needs for personal development which includes training requirements.

The registered provider's staff supervision and performance appraisal policy stated, 'each care staff member will receive formal staff supervision at least six times each year' and 'each care staff member will receive a formal performance appraisal at least once per year'. One staff member told us they had received two to three supervisions in the last 12 months and said, "They ask you about development."

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and implementation was checked following completion of specific training courses. Staff did not have the opportunity to always attend supervisions and annual appraisal meetings. This is a breach of Regulation 18 (2) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with were complimentary about the food. Comments included, "The food is very good", "You can have anything you like", "The food is grand and you always get a choice" and "My wife is eating so much better than she was at home."

People said they could have cooked food for breakfast if they wanted it. The staff were seen and heard discussing the menus for the day and if people did not like what was on the menu they could have an

alternative. We saw the dining tables were set nicely with linen tablecloths. The kitchen assistant took the lead on serving food from a heated food trolley. The majority of people ate in their bedrooms. Observation showed staff ensured people were sat or positioned correctly and were comfortable to eat their meal. The staff were seen to be very calm and patient when delivering meals and were very good at offering people drinks.

Staff told us they asked people at each meal time what they would like to eat and during the morning we heard a staff member ask one person if they had finished their breakfast and if they would like to get up. One staff member said, "Food is good. People have three choices."

The home had a food hygiene inspection in November 2016 and was rated a 5 which meant very good standards had been achieved. We saw food preparation and fridge temperatures were recorded daily and cleaning records were in place and completed.

We saw people were weighed weekly or monthly which meant the home could monitor if people lost or gained weight. The manager told us they followed the 'food first' programme if someone was losing weight and would let the GP know and only refer to a dietician when needed. 'Food First' is an approach to treating poor dietary intake and unintentional weight loss using every day nourishing foods and drinks.

We spoke with two staff members who were able to describe how they fortified meals for people who needed high calorific diets. We looked at kitchen records which did not always correspond as information recorded on white boards did not match the information seen in dietary requirement sheets. This was fed back to the management team. One staff member we spoke with was aware of the need to cut up food for one person, but was not aware of a swallowing risk. The cook told us, "I am fully aware of people's special dietary needs, preferences and allergies" and "People's nutritional needs are assessed before they come to live here."

People and relatives we spoke with said they were supported by a range of health care professionals, such as GP's, speech and language therapists, opticians and chiropodists. Comments included, "They are so good at making my appointments for the chiropodist and the optician", "When mum needs to go to the hospital, the staff see to it all" and "They call me whenever there is a problem, no matter how small it is."

We saw the local GP and ambulance contact information was displayed in the staff area in case staff needed to contact these services for support. The manager told us recently staff had called 999 as one person was unwell. On the second day of our inspection we noted the GP had been called to see another person. The manager told us they had worked hard with the GP and practice managers to build a relationship and discussion have been held regarding best communication methods. The manager also said they had links with the local hospice.

We saw the home wanted to create a dementia café and had put pictures on one of the communal lounge walls of how a café may look. The registered provider was asking staff, visitors and people who used the service to add any fabrics, papers or photos from 1950/1960s for use in creating the café. We saw some wallpaper samples had been added and the manager told us the cafe was going to be created in the new year. We saw the communal areas were decorated and furnished in a homely way which created a relaxed atmosphere.

We saw people's bedroom doors were numbered but from the outside of the door, very few gave any visual indication as to whether anyone lived in the room or not. We saw each room was personalised with pictures, ornaments and memorabilia. Each bedroom had an en-suite toilet. We saw some signage around the home

to help people navigate and the chief operations officer told us there were future internal improvement going to be made which included a wet room and further dementia friendly signage and decoration to help people who may have a cognitive impairment orientate themselves in the home.

We saw on the notice board in the entrance to the home an easy read guide to the equality act 2010' 'how we make sure everyone is treated fairly when they use services or belong to clubs and groups' was displayed. We also noted 'The equality act – making things real (easy read version)' and 'Equal opportunities and diversity policy were displayed in the entrance to the home.

The manager told us they use information from the National Institute for Health and Care Excellence, Royal Marsden for care planning, Stirling University and the Bradford dementia group for current legislation, standards and evidence-based guidance to achieve effective outcomes.

Good

Is the service caring?

Our findings

People we spoke with praised the standards of care provided by the staff. People and relatives made positive comments about the staff and we observed the care and treatment people received was good. One staff member said, "People are well cared for and there are activities every day, there is enough interaction."

We saw examples of staff engaging with people and providing warm interactions, there was a lot of laughter and friendly 'banter' between people and staff. People said staff were good at listening to them and meeting their needs. Relatives and visitors were also welcomed in a caring and friendly manner.

Comments from people who used the service included, "I am very happy living here, the staff are responsible for that", "The care here is wonderful", "I am so well looked after here", "I do like it here, people are so kind" and "Everyone here is lovely."

Comments from relatives included, "We are delighted in the change in her since she came to live here", "They offer my wife tender loving care", "The staff show her such patience and understanding", "The staff are always smiling when I visit" and "My mum absolutely loves the staff."

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in one lounge area watching the television and some people were spending time in their bedroom.

Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff and manager they knew the people they supported very well. Staff spoke clearly when communicating with people and some of the conversations indicated they knew what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people.

The home operated a key worker system which involved mainly ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals.

Observations showed staff treated everyone with dignity and respect. The interaction between staff and people demonstrated a genuine mutual respect, good humour and an understanding of specific communication needs. One person said, "The staff are very respectful." One relative told us, "They treat mum with such dignity and respect and they knock on her door before they (staff) come into her room."

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. One staff said, "I encourage people to be independent and use a blanket if needed when hoisting someone."

People told us. "I love it that the staff support me in my church activities, it means so much", "The fact that I can continue to practice my faith openly, means so much" and "A range of pastors and church groups come

to us, it offers a variety of opportunities to worship." Staff told us the Salvation Army came to see people and they told stories or sang and people from Church came on a Sunday to see one person.

Meeting people's spiritual, religious and cultural needs was a focus of the team. The staff supported people with whatever spirituality meant to the individual. Outside 'religious' groups regularly support and also responded to specific requests. There were good links with the local church, ensuring people could attend a variety of events as and when they choose. The registered providers statement of purpose stated, they would be 'sensitive to the residents ever-changing needs, such as cultural, psychological and spiritual' and 'the home has a comprehensive police appertaining to religious and cultural beliefs.

The manager also said people had access to advocacy services if needed and one person did have an advocate who represented the person's needs. An advocate ensures the persons views and wishes are considered when decisions are made about their care and support.

People and/or their family member we spoke with told us they were involved in developing their care and care plan. Staff members told us people and/or family members were involved in their care plan. One staff member said, "The person or family are involved in their own care plan and in planning their care." The manager told us they spoke with people and families and changed and adapted care plans to people's needs.

The care plans we looked did not always reflect people or family involvement. The manager told us they had just started working through the care plans to carry out a six monthly review and they were asking people who used the service and/or family members to go through the care plans to make sure they contained the correct information.

Requires Improvement

Is the service responsive?

Our findings

We looked at two people's care plans in detail and a further seven care plans for specific information. The manager told us all the care plans were electronic and staff used a hand held device to input daily information for each person. However, care staff did not have access to the full electronic care plans. One staff member said they updated the daily records on the hand held device but did not read the care plans. The manager said this was been addressed by the IT department and care staff would have access to the care plans shortly.

People had their needs assessed before moving into the home. A pre-assessment was completed prior to them moving into Manorcroft. This assessment included next of kin information, relevant medical history and medications, aids or equipment required, eating and drinking, continence and mobility needs. This helped to ensure people's needs could be met. However, we noted in one of the care plans we looked at in detail the pre-assessment had not been fully completed. For example, preference regarding eating and drinking, sleeping and personal hygiene and dressing were left blank.

We saw one of the two care plans we looked at in detail contained a section called 'me, myself and I'. This detailed who was important to the person, interests and hobbies, favourite things and pet hates. We saw in both of the care plans we looked at, specific care plans were in place to identify and support people's care needs. For examples, medication, tissue viability, mobility, eating and drinking, communication, personal hygiene and dressing, continence care and sleeping.

However, some information in the care plans lacked detail, was repetitive and was contradictory to providing person-centred care. For example, one person's sleeping section of the pre-assessment dated 6 September 2017 stated 'can be distressed on occasions'. The sleeping care plan dated 12 September 2017 stated '[name] sleeps well at night and sleeps for long periods'. The care plan was reviewed on 8 November 2017 and made no reference to been 'distressed on occasions'.

On the morning of the second day of our inspection we checked if people's bedrooms doors were open or closed. We looked at two people's rooms and noted the doors were open. A staff member told us, "Some people like their doors open and some like them closed, this will be recorded in the care plans." We looked at care plans for the two people to see if their preferences had been recorded about leaving their bedroom doors open. One person's sleeping care plan did say 'likes bedroom door left open'. However, the other person's sleeping or communication care plan did not say they wished their door to be open.

We were told by two staff members that one person had been recently diagnosed with a specific condition. However, a care plan had not been created to identify the care needs for this condition or to support the staff in how best to care for the person. The manager told us they would address this immediately.

Care staff kept daily records via the electronic hand held device, which provided information about people's daily lives. These were brief at times and were responses to specific questions. For example, hair care – assisted, method of hygiene - assisted or make up applied – not worn.

We were told one person had pictures on their wall to support communicate, however, when we checked we found the pictures had been removed as they had been used to assess another person a few days ago but had not been put back into the person's room.

Staff we spoke with were responsive to people's need and knew people well. One relative we spoke with said, "The staff know my mum so well, they can second guess her needs." Another relative said, "I am always amazed at how well they know my mum." A third relative said, "The manager and the staff team are incredibly flexible to ensure my wife's needs are met." A staff member said, "I think it's better on the phone [electronic care planning] now." Although they went on to say they had seen some discrepancies in the recording which they had passed on to the senior or nurse.

We concluded people were not consistently receiving person-centred care which met their individual needs; this is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed the activities. Comments included, "I love the singers and entertainers, we can have a little dance, I love that. I also love it when the donkeys come to visit us, they come in the house", "I enjoy the art and craft work, we display it on the walls" and "I enjoy the activities." Relatives told us, "My mum joins in all the activities, she enjoys the staffs company and they do make her laugh" and "The staff put so much effort into making events such fun and special." One staff member said, "I have been talking to families about joining in the planned activities, especially outings."

On day one of our inspection there were a range of activities and these were appreciated by people. We observed people laughing and enjoying organising the decorating of trees for Christmas, two fresh trees were delivered and people were seen enjoying touching and smelling them. There was a dedicated activity worker employed and they said they were committed to providing activities that were enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's well-being. A second activity worker was undergoing 'shadowing' with an aim to also providing activities.

On day two of the inspection the activity worker was not working so there was limited activity but there were good examples of the care staff actively sitting with people and chatting with people in their rooms and in the lounge. We heard people singing Christmas Carols.

People said there were planned activities, which included board games, jigsaws, various entertainers and parties. People said they were currently involved in planning the Christmas events and were looking forward to the Christmas Party, along with a variety of visiting school groups and a trip to the local pub for a meal. There were regular meetings with residents and the activity worker to discuss their needs and preferences.

The manager told us people were encouraged to maintain relationships with family and friends.

People and their relatives knew how to complain and they told us they would inform staff if they were unhappy with their care. Comments included, "I would be the first to complain if I was not happy with anything", "I always speak my mind and would say if anything was wrong" and "If I had a problem I would go straight to the manager, she is so easy to talk to."

The staff we spoke with told us they would report any complaints to the nurse or manager and felt confident these would be addressed. We saw the complaints policy was displayed in the entrance to the home.

We reviewed how the service recorded, investigated and responded to complaints. We looked at five formal complaints received in 2017 and saw timely responses had been sent to each complainant which addressed in full the concerns raised. However, there was limited evidence of investigations having taken place and records did not demonstrate a 'root cause analysis' which could be used to reduce the risk of the same issue from happening again. We discussed this with the chief operations officer who told us as part of their oversight of the service, they checked for themes and whether there were learning outcomes.

The manager told us they would speak to the complainant and this would be documented and this includes any lessons learnt.

We saw a compliment dated October 2017 which stated 'We have found all the staff that we have dealt with very kind at all times'. Another compliment stated 'Staff will do anything for you. Nothing is too much trouble for them, kind caring and friendly. A compliment dated August 2017 'We would like to thank you all for the brilliant, loving care and attention you gave to our [relative]'.

One staff member told us end of life wishes were discussed and recorded in the about me document. One person's future wishes in their care plan stated 'things I would like to do and places I would like to visit'.

One person told us, "They have discussed my end of life needs with me; they did seem to go round the houses though."

The manager told us if the person was approaching the end of their life, staff organised themselves so a staff member could stay with the person. Staff had received training in end of life care and the nurses were able to give anticipatory medication when needed. The manager was 100% confident people received effective pain relief. They also told us staff had received training in November 2017 for pain assessment and Management in end of life care.

We saw people, where needed, had an end of life care plan in place. One care plan we looked at stated decisions had been made for carrying out the person wishes and arrangements for their funeral service. Although, this information was recorded, the care plan lacked some detail of how staff should support the person and what their wishes actually were.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in February 2015 we asked the registered provider to take action to make improvements to the storage of some confidential records such as care plans which were left in areas accessible to people who lived at the home or visitors. During the first day of this inspection we noted the cupboard which stored some confidential records on the top floor was not locked. This information was accessible to unauthorised people. We spoke with the manager who said they would address this. Before we left the inspection on the first day we checked and the cupboard had been locked.

At the time of our inspection the manager was in the process of registering with the Care Quality Commission. The manager told us, "The application process is moving forward." The manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. The manager said, "I love this home and staff were really welcoming."

People and relatives consistently offered positive feedback about the quality of support, care and the management at Manorcroft. People's comments included, "I have every confidence in the manager and her team", "The management has been very unsettled here but the new manager seems to know what she's doing" and "I for one am glad there is a new manager." Comments from relatives included, "I cannot express my upmost gratitude for the care given to our mum" and "The manager is fantastic, you can talk to her about anything."

Staff we spoke with told us they enjoyed working at Manorcroft and said the home was well managed; the manager was very approachable and always happy to listen. They also said [chief operations officer] was at the home quite a lot and they stayed for the full day. Comments included, "Best manager, she is firm but fair and down to earth", "This is a great place to work, I couldn't be more supported", "I absolutely love my job, I get all the support I need" and "She organises and listens if you've got a problem."

Since the manager started in the post in September 2017 they had identified and acted on a number of areas where improvements were needed. The manager told us their key achievements were they had made sure people were very well cared for, including end of life care and they had built good relationships with families and stakeholders. The key challenges the manager identified were with improvement to people's care plans, rotas, medications and obtaining a clear understanding of the manager's role.

The manager told us they had an 'open door' policy and were visible around the home. We saw the registered providers visions and values statements displayed around the home. Two staff members we spoke with told us the culture was open and everybody worked together. They said, "We work as a team." When asked, both staff had some awareness of the registered provider visions and values.

People said they were encouraged to speak out. Relatives said they had approached the management team about various matters and they felt as though they were listened to. From speaking with relatives and friends it was clear peoples thoughts and ideas were beginning to be acted upon. Comments from relatives

included, "Nobody has ever asked me how I feel about the service until [name of manager] took over as manager", "I am not bothered about coming to meetings, we find that everything here is so good", "We have had one meeting and we are hoping all our thoughts and ideas are taken on board" and "I have never had any questionnaires about the service." The manager told us resident and relatives surveys were due to be sent out before Christmas.

We looked at the residents and relatives survey for 2016 and saw the manager had collated the information and created 'you said, we did' information. For example, one comment was 'food is a bit repetitive', the action was 'new menus now in place'. One staff member told us, "It's really important to get feedback from the service users. We need to know if we are getting things right for people." This meant people who used the service were actively involved in developing the service.

The manager told us they had changed the resident and relatives meetings to 'social events'. For example, pie and peas at Bonfire night. People and relatives had told the manager they did not want formal meetings. The manager was going to hold evening surgeries once a month. Relatives and residents also received a copy of the homes newsletter, which included information about outings, celebrations and staff information.

Staff told us they had daily handover meetings, were able to discuss any issues with the manager at any time and had no difficulty in raising any concerns they might have. A staff member said they felt they received enough information through handovers to be able to pass on updates to family members. Staff told us they could contribute at team meetings. One staff member said, "Everyone says their piece." Another staff member said, "You can get your point across."

We looked at records of staff meetings dated July and October 2017 and saw these were hand written notes which had been recorded in a short hand format. Although we could see headings which covered, for example, supervision, uniforms and training it was not always clear what had been discussed. In July 2017, items noted included 'handover inadequate' and 'staff shortages' although there was no further detail to demonstrate what had been discussed and action to be taken. The manager told us going forward they would make sure the finalised minutes where detailed and informative.

We looked at the staff survey results from July 2017 which showed mostly positive responses. Where staff had made comments, action had been identified and acted upon.

The manager told us they were working on implementing changes to Manorcroft following a CQC inspection at a sister home. They said a local school was carrying out project work on Dementia and had visited the home, they received support from students at Dewsbury College for a set number of hours per week and they had looked at the Skills for Care website and created an action plan for the home to follow. We saw a record which was to be completed when people transferred to other services; this helped to provide the most up to date information and support to make sure the person received continuation of effective care.

The manager told us the registered provider was an equal opportunities employer and as such the provider supported staff with specific medical conditions, provided prayer space for staff when needed and regardless of sex, staff were entitled to paternity leave.

There is a requirement for the registered provider to display ratings of their most recent inspection. When we arrived at the home the rating from the previous inspection was displayed in the entrance to the home and a link to the CQC report was available on the registered provider's website.

There were a range of quality assurance audits which were in place with an annual timetable of when audits were to be carried out in 2018. The audits assessed medicines management, nutrition, skin integrity, catering and mealtime experience, the environment, infection control, health and safety and care documentation. We looked at the 2017 schedule of audits and found some audits had been completed in line with the schedule but other had not. For example, skin integrity was due to be completed in July and October 2017 but only July 2017 had been signed to say this had been completed.

The audits which had been completed had not identified some of the concerns we found during this inspection. For example, the medication audit had been completed on 1 December 2017 which showed a 96.8 % pass mark, however, the concerns with medication found during this inspection had not been identified. We saw a pharmacist advice visit dated 15 May 2017 which identified some areas of improvement. For example, 'necessity of PRN protocols – person's specific signs and symptoms need to be recorded' and 'unlocked thickeners and creams', there was a comment next to this which stated 'now in place, locked away'. At our inspection we found not all PRN protocols were in place and some creams were not locked away.

We looked at the care documentation audit dated November 2017 which showed a 91% pass mark, however, the concerns with care plans found during this inspection had not been identified. The manager told us each care plan was audited every three months or sooner if improvements were identified. We found two people's care plan had not been audited within the last three months, one person's was last audited in May 2017 and the second person's care plan was last audited in June 2017. The chief operations officer told us, "Ideally three monthly is what we want and going forward we have a system in place for all the care plans to be audited on a three monthly basis." We saw a system was in place for the manager to record completed care plan audits in the future.

We asked the chief operations officer if action plans were created as a result of the audit, as we only found a hand written action plan for the environment audit dated August 2017. They told us there was an integrated action plan for all the audits which included checks carried out by external bodies. Comments were recorded on the audit forms and these were reviewed when the next audit was due. The manager provided information on a monthly basis to the regional manager which included, number of complaints, training, safeguarding, audits completed, pressure care issues, medication and number of deaths.

Prior to our inspection we reviewed the number of death notifications and carried out some analysis of this information. We found concerns with the accuracy of these notifications, insufficient information and timeliness of the information being submitted. The manager and chief operations officer told us they now had a process in place were the notification were to be checked by a second person prior to submission. Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents and changes to the service. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

We concluded concerns around the efficiency of audit at the home demonstrated a breach of Regulation this was a breach of regulation 17 (2)(a)(b) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care We concluded people were not consistently receiving person-centred care which met their individual needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The care plans we looked at did not always contain decision specific mental capacity assessments.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to ensure compliance with all aspects of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment process and procedures were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and implementation was checked following completion of specific training courses. Staff did not have the opportunity to always attend supervisions and annual appraisal meetings.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not adequately protected from the risk of unsafe care and treatment. Procedures to protect people in the event of a fire were not robust. Not all aspects of medicines management were safe.

The enforcement action we took:

Warning notice issued