Ashleigh Manor Residential Care Home

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

Summary of findings

Overall summary

The inspection of Ashleigh Manor Residential Care Home ("Ashleigh Manor") took place on the 15 and 16 May 2018 and was unannounced. We carried out this inspection as a responsive comprehensive inspection due to concerns we had shared with us about the service. This included information from whistle blowers and following a review of our records in line with our intelligence monitoring. Details of how we monitor Adult Social Care Services that are registered with us can be found on our website at: http://www.cqc.org.uk/guidance-providers/adult-social-care/how-we-monitor-inspect-adult-social-care-services

Our information raised concerns about the number of falls resulting in injury, medicine errors, how people's continence care was being managed and moving and handling practices.

We were told there was not enough staff or the right equipment to meet people's needs. Also, people's medicines were not being fully signed for, people were not having their prescribed creams put on their skin and people's continence needs were not being met. Staff were also not reading care plans so were unaware of people's needs and preferences.

In addition, there were concerns about staff were not speaking to people, staff not wearing gloves and aprons as they should and staff were not passing concerns on to management and complaints were not being dealt with appropriately.

When we completed our previous inspection on 27 and 28 September 2017 we found concerns relating to staffing levels; gaps in medicine records; people's care plans not fully reflecting their care; activities not being personalised and the provider was not ensuring the quality of the service. This meant we rated the key questions of Safe, Responsive and Well-led as Requires improvement. Effective and Caring key questions were rated as Good.

We requested the provider to tell us in an action plan how they were going to put right the concerns in respect of breaches of Regulations for staffing the service safely; assessing, monitoring and improving the quality of the service and in ensuring people's records were complete and accurate.

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

Ashleigh Manor can accommodate 65 people in two separate parts of the premises. These are known as 'The Manor' and 'The Lodge'. Historically, people in The Manor are living with dementia or complex needs and people of reduced complexity lived in The Lodge. However, on this inspection we found people had complex needs in both parts. When we inspected, there were 51 people living at the service. The Manor had 25 people living there and 26 in The Lodge.

A registered manager was not currently in place in respect of this service. However, the current manager was in the process of registering with us. 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. They were supported in running the service by a care manager, two administrators and one of the registered partners/provider. One of the provider's daughters acted on behalf of the registered provider during the inspection with the main partner/provider attending the second day of the inspection.

On this inspection, we reviewed the concerns we had received and checked to see if the provider was compliant following the last inspection. We found some improvements had been made in some areas but we also found continued concerns and some new concerns that are summarised below.

Staff described the lack of staff and equipment as the two main issues impacting on people.

Robust quality assurance processes were not operating. Audits of parts of the service were not in place or being reflected on to ensure all areas of the service were operating safely, effectively, caringly or responsively.

Staff told us they felt unsafe speaking out about how they were feeling as "it got round" if you spoke out. We advised the provider of this, who met with the staff to seek their concerns and issues.

The service was not staffed safely to meet people's needs. The service was also not staffed in line with the stated provider's minimum staffing levels. Also, staff from the Lodge were being repeatedly moved to fill gaps in staffing the Manor. As a result people's basic care needs were not being met; people were not always having their hydration needs met, people did not always have choice and the quality of their care was compromised. On the second day of the inspection, the emergency call bell was sounding repeatedly for long periods as staff were unable to respond in the expected time to meet people's requests. Only care staff were expected to respond to these bells; team leaders and management were not. This meant an air of complacency had developed in respect of the risk to people.

The service also did not have the required equipment to meet people's needs in a timely way. There were two hoists and one stand aid, without the required sole use sling, which meant people had to wait for equipment to become available. The only wet rooms that were accessible by a wheelchair and two staff were found in the Manor. People from the Lodge were less likely to have their chosen shower routine at a time they wished and when this did take place, people were rushed due to availability of enough staff. We found that staff were not always using slide sheets for people who required help with moving and handling. These are used to move people in bed while reducing the friction on the skin.

Staff were observed being kind and compassionate to people throughout the inspection, but their ability to have quality time with people was being compromised by all the tasks they needed to complete.

Demands on staff time meant that staff were not reading people's care plans and risk assessments. Care staff relied on the team leader to tell them informally and verbal information from other staff. Although care plan records had improved since the last inspection, essential details were still missing from these and the risk assessments which meant the team leaders could not be sure they were using up to date information about people's current needs. Care records were not fully completed which meant people's changing needs could be missed. Monitoring of people's eating, fluid intake and out puts (such as urine and bowels) were inconsistently being recorded. This meant people were vulnerable to unsafe and inaccurate care.

People's oral medicines were recorded and the systems around this had improved since the last inspection. However, those in relation to people's prescribed creams had not. Staff were not recording when they had been used, opened, needed disposing or making sure new creams were available. Where body maps were in place to help staff know what topical medicine to use they did not include when and not all creams were represented.

Staff were not being trained to effectively carry out their role. Staff training in many key areas had lapsed or had not been completed at all. Staff were relying on being told by other staff what was the right way to do things. Supervisions and staff competency assessments (except around medicines) had recently been reintroduced. People's capacity to consent to their care was considered, however staff had not always had the training to understand how this applied to their role. This was again placing people at risk of unsafe care.

People's experience of care was also affected by the level of stimulation and activity available, which varied in The Manor and The Lodge. People living in the Manor tended to experience a higher level of stimulation than those living in the Lodge.

However, the chef interacted with people and, along with the kitchen staff generally, was highly regarded by people, staff and relatives. People were very positive of the food and grateful for the lengths the kitchen staff went to ensure they had what they liked to eat.

Some areas of fire safety and maintenance of the building required improvement. The fire service had visited and given verbal advice. We were told new systems of overseeing maintenance and fire safety had been introduced recently followed by a gap in ensuring these were monitored.

We found little evidence of compliance with the Accessible Information Standards and how the service was ensuring people's Equality, Diversity and Human Rights Needs were being incorporated into their care. The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. However, people could have access to professional advocates to speak on their behalf if needed. A signer was provided for one person who was deaf and used sign language when having health meetings; but staff did not following advice from to maintain a good face to face position so the person could lip read.

People were protected from infection cross contamination due to clear processes and practices being in place. However, not all staff had received training in infection control. People, and their families, were positive about being able to approach staff at any time to talk about their care. People's complaints were looked at in detail and action taken to put things right.

People's health needs were met and they could see a range of health and social care professionals as needed. The visiting nurse we spoke with was happy the service would call them if needed.

We found breaches of the regulations. We are considering our response in line with our enforcement policy which we will report on at a later date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service was not staffed safely to meet people's needs.

People's oral medicines were safely administered; their prescribed creams however were not always safely managed.

Practices around fire safety needed some improvement.

People had risk assessments to keep them safe. Some additions were required to ensure all needs were recorded.

Staff would raise any concerns about how people were treated and felt these would be taken seriously.

People who were vulnerable were looked after by staff who were recruited safely.

People were kept safe by good infection control practices.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always being trained to ensure they were competent to carry out their role effectively.

The service had not ensured it had the equipment and facilities available to meet people's changing needs in a timely way.

People's hydration needs were not always met.

People's nutritional needs were met.

People's capacity to consent to their care was considered but staff had not always had the training to understand how this applied to their role.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always enabled to be in control of their care as there were not enough staff to meet their needs.

Staff did not always have the time to provide caring support.

People and their relatives spoke positively about the staff.

People were treated with as much dignity and kindness as possible at this time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's records had been improved but still did not fully represent people's current needs.

Staff were not reading the care plans due to the restrictions on their time leaving people at risk of inconsistent care.

Some people were not being supported to remain active.

People's end of live care choices was not being recorded.

People and relatives were happy with the system of raising complaints and concerns.

Is the service well-led?

Inadequate

The service was not well-led.

People were not assured of safe and appropriate care due to a lack of robust quality assurance processes and associated systems of leadership and governance.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually.

Staff felt unsafe to speak out about the service and staff morale was low.

People and their families felt they could approach the manager to make suggestions if needed.

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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 was a responsive comprehensive inspection due to concerns we had been shared with us about the service. This included information from whistle blowers and following a review of our records in line with our intelligence monitoring. We were concerned about people's safety. This included a range of repeated concerns about whether the provider was ensuring there were sufficient staffing levels to meet people's needs. Also, whether the right equipment was available to meet people's needs in a timely way and people were having their care needs met. We used this information to plan the inspection.

This inspection took place on 15 and 16 May 2018 and was unannounced.

The inspection team included two inspectors from our adult social care directorate, one CQC pharmacy inspector, a specialist advisor in dementia care 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.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection, we observed how staff interacted with people at lunch and in the lounges. We spoke with 15 people and four relatives. We asked the staff to give questionnaires out to relatives and friends and received three of them back.

We looked at the care records of nine people and checked they were receiving their care as planned. We spoke with them where we could so they could give us their view.

We were supported on the inspection by the registered provider, manager and care manager. We spoke with nine staff. We read three personnel files and reviewed whether staff were trained to be able to carry out their roles and supported and supervised to ensure they were competent. We checked records the provider kept in respect of the safety and maintenance of the building and measuring the quality of the service.

During the inspection, we spoke with two external professionals. Following this inspection, we contacted the community nursing team but did not receive any feedback. We have also spoken with the local authority quality team, safeguarding lead and the fire service.

Requires Improvement

Is the service safe?

Our findings

This key question was rated as requires improvement on our previous inspection completed on the 27 and 28 September 2017. This was because the number of staff on duty was not always in line with the number of staff the service had assessed as being needed to meet people's needs. At that time there were also gaps in records for when staff applied people's creams and in records for when people were due to have medicines administered by an external health professional.

On this inspection we have continued to rate this domain as requires improvement, because there were not enough staff on duty to ensure people received safe and timely care. We found the service continued to run below the provider's described safe staffing level. Staffing was not flexible to meet people's needs. There were no systems to monitor how many staff had been put in place or whether this level was meeting people's needs. For example, there was no clear dependency assessment and, no audit of call bells. In addition, the provider had not acted when staff shared concerns, therefore staff were not being listened to. This had not improved since the last two inspections.

We were told on the first day of the inspection that the required staffing level for The Manor was four care staff and one team leader in the day, and in the Lodge three care staff and one team leader. However, on the second day there were only three care staff and a team leader supporting people in The Manor. The call bells were constantly moving on to the emergency call sound as they were not being answered in a timely way. Staff told us they were reprimanded when this happened, but the staffing level did not change when they raised concerns with the provider and management about a lack of sufficient staff. Staff said they went to people ringing their bell and said they were busy but would be back. However, they silenced the bell and sometimes did not go back or remember which people they had said this to. This meant people were not getting their care as required or timely.

People and staff told us that not having enough staff was affecting the quality of care. People we spoke with were aware there were not enough staff to meet their needs and spoke to us about how they reduced their demands on staff instead. For example, one person told us they had a shower every day before they moved to live at the service and would love this to happen again. However, they said, "I usually have a shower every week. Having a shower depends on the carers; some ask if I want a shower [but only] if they have spare time." In addition, we saw people sat in the lounges in both areas of the service with little staff interaction.

Staff from the Lodge told us they could only offer people showers when the Manor wet rooms were free and they had a minimum of three care workers on duty at The Lodge. This still left one care worker during this time on their own in The Lodge. During our inspection four people in the Lodge were unable to have an assisted shower when they wanted. Staff said that each shower would take 20-30 minutes and in that time the person could expect a "slap and a tickle" of a wash as they needed to ensure other people's needs were met.

Staff told us that they could not always respond to people's needs in a timely way. Staff told us they were aware that people's safety and dignity could be affected by this. For example, they were worried that people

may fall and they could not always support people to go to the toilet in time. Staff also said they did not have time to spend with people and fill in essential paperwork such as monitoring forms that may alert to concerns about people's needs. For example, food hydration records; records of turning/moving people to prevent pressure areas and, records of applying prescribed creams. We found essential monitoring forms had not been completed which could mean people's changing needs could be missed.

The staff in the Lodge told us, and rotas from the 5 February 2018 to the time of the inspection confirmed, there had been many times when two care staff were left to give care to 25 people. That is, 36 full days and 37 half day shifts in the Lodge. Also, two full days and two half days had only one carer and team leader on shift. They told us, and the management confirmed, management would prioritise providing care staff for people at the Manor believing their needs were higher. For example, if a staff member was off sick in the Manor, they would move a care worker from the Lodge which reduced staffing levels there. This then impacted on people's quality of care.

In the Lodge, a staff member commented, "Staffing is a real problem. You tear around all day; toileting, run around with meals, answer bells, tidy the kitchen, set out and clean the dining room". When we asked how this impacted on people they added, "The tea round in the morning goes; people are not going to the toilet. The tea round [for people] in the afternoon has also gone [sometimes] as well. We have no time to spend with people; constant ringing of the bells. People want attention but we can't give it. They have to wait. This means people have to use their pads and/or have accidents."

Another Lodge staff member said, "People are having to sit in wet or soiled pads. I just want to cry as they are not getting to the toilet as they should be. People don't get to walk around or go in the garden. It takes another member of staff if they want to go in the garden."

When we spoke with the provider about staffing, they told us that on the 11 May 2018 they had looked at the staffing across the service and decided four care staff plus a team leader was required to appropriately meet people's needs in both the Lodge and the Manor. The Lodge would have a fourth care staff from 7.15am to 11am. The provider told us this was not because of dependency issues or reflecting on people's needs, but during a phone call when talking about why kitchen staff were supporting the Lodge staff with breakfast. They added they were then looking to recruit more staff but had not addressed the short fall in the meant time.

During the inspection the provider advised they also identified that staffing levels were not adequate so acted to address this. Following the inspection, the provider advised us they were committed to staffing the service with four care workers and one team leader in The Manor and The Lodge. Also, a fifth member of staff will be employed in the Lodge to meet people's needs for part of the day. They would also ensure systems were in place to monitor the staffing levels in line with the number of people and their needs. The provider advised, a new dependency tool was introduced prior to the inspection which included morning and afternoon needs assessment. However, this had not ensured staffing was meeting people's needs safely.

Not having sufficient staff is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always having their prescribed creams applied when they should be. There were body maps in place to guide staff as to where to apply topical medicines, but most of these had no directions as to how often staff should be applying these for each person. Separate medicine administration records (MARs) were in place for recording their application however, these MARs had gaps with few signatures to

show these products were being applied appropriately. Products were not being dated on opening to ensure they were still useable and, we found out of date preparations in one person's room. We found people had empty tubes of prescribed creams in their room. Medicines audits had identified the need to improve recording of topical medicines however, this had not improved since our last inspection. There was no system in place to ensure people received the topical medicines they needed. For example, no one was checking the MARs and that the person had their required cream available.

Non-prescription medicines were available so that staff could respond to minor symptoms in a timely way. However, we found two creams that had passed their expiry date. These were immediately removed, and senior staff put measures in place to make sure that expiry date checking was added to the regular checks. One person was using a gel pain relief that had not been made known to staff; the manager advised they would remind families about the need to let them know if they had brought in any medicines that were not on the MARs. Also, to ensure staff made sure people were not in pain and were receiving the appropriate health support.

There were four oxygen cylinders stored in one room that was not secured. The risks of using oxygen had been identified in this person's care plan. However, a specific risk assessment including storage of the oxygen was not documented.

Not ensuring people's prescribed creams were managed safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's oral medicines were managed safely. Trained and competent staff administered and recorded when people received their medicines on MARs. A sample of 19 people's MARs showed that people were given their medicines correctly in the way prescribed for them. There were safe systems in place so that people could look after their own medicines if they wished and risk assessments were in place to make sure this was safe for people. Where people had been prescribed medicines to be given 'when required', guidance was in place for staff to assess when it would be appropriate to give doses of these medicines. For example, a person prescribed a medicine in this way for anxiety had a personalised plan in place. This included potential trigger factors to try to avoid, and methods for staff to try that may help to relieve this person's anxiety, before giving a dose of the medicine.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.

Since the last inspection, managers in the service had received advice from the Clinical Commissioning Group medicines optimisation team and had put a system of regular audits in place. We saw some areas for improvement had been identified and addressed. Staff had received updated medicines training and staff who gave medicines had competency checks to make sure they gave medicines safely. There was a reporting system so that any errors or incidents could be followed up and actions taken to prevent them from happening again.

Following the inspection, the manager told us that they had put new systems in place to monitor the application of prescribed creams. New MARs, body maps were in place and key named staff were taking responsibility for ensuring new forms and creams were available.

The service had not ensured it had the equipment and facilities available to meet people's changing needs. We were told prior to the inspection that the service had two hoists and one mechanical stand aid (another

one had been broken for some time) for the whole home. At the time of the inspection seven people required a hoist and three the stand aid. A further four people could need either piece of equipment if they were having a "bad day". That is, they were feeling weaker or unwell. Any person who fell would require a hoist to be available to take them from the floor to their chair/bed depending on any obvious injury.

People had to wait long periods for equipment to become available. It took time for the stand aid and hoists to be located by staff and brought to the part of the home it was required in. There were not enough individual slings and handling belts; people were not being assessed in respect of the right sling and belt to fit them. Slide sheets were not always being used to prevent people have unnecessary skin damage, which is not good manual handling practice. We found the information we had been given prior to the inspection was correct. Along with a lack of staff to meet people's needs, people were not able to have access to essential equipment in a timely fashion.

There were two wet rooms in the Manor accessible by the people requiring a wheelchair, there was also an additional wet room and bathroom on the first floor in the Manor In the Lodge, the baths were domestic style; none had the appropriate lifting facility to support people to safely be placed in the bath and no bath slings were available. One bath had a wooden bath board cross the bath and another had a seat held in place by suction pads. Both required people to have a good sense of balance and be able to get into the seats by themselves. The staff told us they would not use these as they were unsafe. Therefore, people with reduced mobility were unable to have a bath in the Lodge.

One staff member told us that the day before we inspected, one person could not have their needs met because there was no stand aid available until four hours later. This meant staff could not help them release the pressure on their skin and put the person at risk of pressure damage. The staff member added, "They were angry with us then; the stand aid was in the Manor and three residents did not get it all day in The Lodge. They then stress at us." Another staff member said, "They are cared for; apart from the [low] staff numbers. In the Lodge though, they are not getting their needs met; they need attention but we can't give it." Another staff member said, in the Lodge, "It's been horrendous; last few months we have had just two of us. Residents are not getting the care they need. They are an afterthought. They are considered easy and don't need as many staff."

Not having the equipment to meet people's needs safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were two wet rooms in the Manor which were accessible by people requiring a wheelchair and two staff to support them. These were in high demand.

Practices around fire safety needed some improvement. The service had a "Business Continuity Plan" in place to describe how to cope with an emergency such as a fire. People's emergency contact details were not readily available so these could be accessed quickly. People's Personal Emergency Evacuation Plans (PEEPs) were in place but did not address three people using oxygen at certain times of the day/night. Also, these people did not have over the nose masks (to prevent smoke inhalation) and seated evacuation had not been thought about. Only horizontal evacuation had been considered but some people with lung and heart conditions could find this means difficult due to the pressure it places on the chest area. Seated evacuation equipment was ordered following our feedback to support those who required this.

We asked the manager and provider how they operated in the event of a fire alarm. They told us they sent two staff to check where on the fire panel where the emergency was; they would then call the fire service only if it was a fire. We advised this was not current guidance and they should first call the fire service as they

could call them back if it was established to be a false alarm. A non-routine fire alarm was sounded on the first day of the inspection. We observed there were some communication issues between the two sides of the service. The manager and provider gathered in the Manor but the staff in the Lodge relied on a telephone call to tell them what to do. It had not been thought what would be needed if the staff did not have the phone to hand or the phone lines were affected by the fire/emergency. The fire service attended on the 30 May 2018 and found the service to be "broadly compliant" with some changes made since the inspection feedback had been received. Verbal advice was given about the fire risk assessment, external lighting and to support external, ongoing horizontal evacuation.

People had risk assessments to keep them safe in respect of falls, manual handling, malnutrition and preventing pressure areas. Specific needs for people that had an identified risk of choking, or were living with diabetes and epilepsy were assessed but not always linked to their care plan. This meant staff did not have essential details on how to manage these conditions. The manager ensured this was in place immediately following the inspection. Risk assessments for people prescribed blood thinning drugs and having had a stoma fitted have been added following the inspection feedback. All risk assessments were regularly updated.

Staff, due to not being up to date with their training, struggled to describe how to identify when people should be protected by action in respect of safeguarding and whistleblowing. With some prompting, staff described what they would do if they were worried about someone or another staff member's practice. All staff said they would speak to other senior staff and most felt action would be taken to ensure people were kept safe form harm, abuse and harassment. However, one staff member said, "I would feel unprotected if I had to whistle blow". We discussed with the provider that staff mentioned feeling tentative about speaking up and how this could result in people being vulnerable as a result. The provider was arranging to meet with staff following the inspection and advised they would ensure that staff were aware of being able to speak out to them, the local authority and ourselves.

A relative said, "I feel [my relative] is perfectly safe. She is surrounded by caring and attentive staff. My own view is that they are vigilant and constantly on the lookout for issues that may become problems and quickly address them".

The service had appropriate levels of infection control practices in place in order to support people to remain safe from cross contamination. Staff were provided with appropriate levels of protection using gloves and aprons. Only kitchen staff operated in the kitchen, which was kept clean. Audits were completed to keep practices safe.

Requires Improvement

Is the service effective?

Our findings

This key question was rated as Good on our previous inspection completed on the 27 and 28 September 2017.

Following this inspection, this key question has been rated as requires improvement. Prior to the inspection, we were advised there were concerns about the ability of some staff to safely support people to move. We were not able to evidence poor practice during this inspection however, the records for the service demonstrated that not all staff had undertaken practical manual handling training. The training matrix showed 16 staff had no training recorded and five needed this to be updated in line with the provider's 12 month expected timescale. Therefore, this could be placing people at risk of unsafe handling practices.

Along with manual handling, all areas of training identified by the provider as key skills required by their staff had a high number of gaps where the training had not taken place or was in need of being updated. This included safeguarding adults, first aid, fire safety, health and safety, infection control and dementia awareness. Also, other additional training that staff could undertake was rarely fulfilled. From the list provided to us, no staff had received training in care planning and risk assessing, bowel assessment and management, mental health awareness and epilepsy. Other areas such as end of life care, behaviour that may challenge, diabetic care, continence and catheter care and, equality and diversity had very low percentage of staff having taken this training. This meant staff had not had the training required to understand people's needs. For example, up to date training on stoma care.

Staff told us there were times when training had been arranged but cancelled due to there not being enough staff for them to be released from their caring duties. Staff told us they had not had one to one supervision of their practice for a while and never had an annual performance appraisal. Competency checks of staff practice, was only taking place for domestic staff and in respect of administering medicines.

New staff told us they were not always supported to complete an induction programme before working on their own. This meant that when staff were appointed they did not receive induction including training on the principles of care, safe working practices, the needs of people who use the service and requirements of the service. This put people at risk of unsafe and inconsistent care.

Not ensuring staff are suitably trained is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some new staff had completed the Care Certificate which is a nationally agreed standard for all staff new to care that is completed over several weeks. Staff could be supported to obtain higher levels of qualifications in care if they wished.

We were told by the care manager that new systems had been brought in to ensure staff supervisions took place on a regular basis. This was new and not possible for us to judge on this inspection. Staff were aware they were due to attend training in dementia care and food and nutrition over the next four weeks. The

manager advised that some training had been completed, but had not been recorded, however they were unable to evidence the training had taken place. For example, by supplying training certificates. Following our inspection, the manager told us they have purchased some online training to ensure staff could catch up and this would be reinforced with face to face training when it could be arranged. Staff had also been given a deadline date to ensure they had completed their required training.

People were not always having their need to remain hydrated met. People in the Manor had a staff member employed specifically to ensure they ate and were hydrated. This was in recognition of their living with dementia and their needing staff to remind them to eat and drink. In the Lodge however, staff told us that people did not always get the right level of drinks during the day. This was especially in respect of people who needed staff support to pour and take a drink. People had drinks with their main meals; but they had to do without a mid-morning and or afternoon drink because there were not enough staff to ensure drinks were offered. One staff member said due to a lack of staff, "Basically, it's abuse; they are not being hydrated, not getting their morning tea and not given juice in between. They have a drink at breakfast then 12.30pm and 2.30-3pm; I don't know if they always have their cup of tea in the afternoon." They added, "We have raised this in staff meetings and been told "thanks for being honest"; I wasn't confessing. Nothing changed".

Records of fluid intake in the Lodge were not always completed by staff who told us they were often too busy.

Not ensuring the risk of dehydration is mitigated for everyone in the service is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager and provider about how they were going to make sure people had enough to drink during the inspection as the weather was very warm. They told us they would ensure staff were giving people enough to drink; we observed some people had ice lollipops on the first day of our inspection.

People had their food needs met; and were given the support needed if they required this. One person said, "The food is superb here" and another, "The food is really good here. The chef is a great chef." A relative said, "When a problem arose in the past, a dietary solution was put in place and this solved the problem. [My relative] is unable to eat on their own and therefore has to be fed. This requires a great deal of patience and I'm constantly kept advised of issues".

We observed people having their food in both dining rooms, in The Manor and The Lodge, and saw people had choice. People were offered a diet which matched their nutritional risk assessments and needs. The kitchen staff had copies of people's nutritional and risk assessments and supported the serving of the food at meal times to ensure they were given in a timely way. The kitchen staff were also passionate about knowing people, their likes and dislikes and ensuring alternatives were available. If someone was 'off their food', other options were explored to entice them to eat. Kitchen staff had ensured they were up to date with the latest good practice in respect of ideas for supporting people living with dementia. As a result, afternoon tea "for the ladies" and "pie and a pint" had been introduced "for the gentleman". This enabled reminiscing to take place. Special events were supported by specially prepared food; the royal wedding was due in the days following the inspection and a three-tier wedding cake had been specially made by the kitchen staff. Party food was being planned for people with specific dietary needs to ensure they would be also be able to take full part in the event.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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).

Some staff making assessments of people's capacity had not received any training in respect of the MCA. This included the manager and some of the team leaders responsible for care planning. Most care staff had not had any training and told us they would appreciate this to ensure they were working within the spirit of MCA.

DoLS authorisations had been applied for and care records stated that the people had been assessed under the MCA. However, there was a lack of information which evidenced that robust measures had been taken to ensure people's best interests were considered or everything had been done to engage the person in the process. For example, using strategies to help people consent depending on their communication needs. There was no recording of how often staff had tried to engage the person and importantly others who were involved in the decision making.

Staff told us they would always ensure people consented to their care. One staff member said, "Even the people with dementia need to be asked; I would always ask." One of the team leaders, who had received the training, was very clear about their responsibilities to ensure people had the right to refuse; unless it had been assessed the person could not understand the decision they were making. They would then ensure a best interests decision was recorded and communicated to all staff. They would also ensure any restrictions would be made with the least restrictive principal in mind while the DoLS was applied for or updated.

People could see a range of health professionals as needed. People could see their GP if they needed it. The care plans we looked at were well organised and records showed that health care needs were being monitored and any changes in their health or wellbeing prompted a referral to the relevant health care professional. A relative said, "I can confirm that staff are quick to react to health issues; contacting the relevant authorities should the need arise. I am always kept informed of any health issues while in their care".

Requires Improvement

Is the service caring?

Our findings

This key question was rated as Good on our previous inspection completed on the 27 and 28 September 2017.

Following this inspection, we have rated this key question as requires improvement, because, people were not always in control of their care. Some people had choice where others did not. People's choice of care was being compromised by the lack of suitable numbers of staff. People could not be assured they were free to choose how they wanted their care to be delivered. People were aware when talking to us that there were not enough staff so they would reduce their demands on them.

We also read in one document that staff in the Manor were being told, "In the Manor, anyone who doesn't sit in the dining room to eat, needs to be sat around the table in the activities room. This makes it easier for staff to monitor, assist with feeding and the residents to have a better dining experience." This did not respect people's individual choices, but focussed on task based care to organise work for staff advantage.

People told us they were sometimes listened to and sometimes not. One person told us, they had asked repeatedly for a four-wheeled walker as they sat in their room all day and could not get on with their current walking frame. They told us that all they wanted to do was "stand up to use" their legs. They felt their request had not been listened to by staff. Another person said, "I requested a new room because I did not like the one I was in and my request was granted". Their relative said, "There are not many places where they would do that for you".

Staff were concerned they were not able to be as caring for people as they wanted to due to not having the time to spend with people. Also, the rush to free equipment added to the feeling they needed to rush people.

We walked around the service and noted that rooms were personalised and people had their own belongings and furniture with them if they chose to. Two rooms had been converted for a couple living at the home so they had a lounge area and another room as a bedroom area.

Staff felt they all had a respectful and caring attitude towards people; this was echoed by people we spoke with. People said they felt they were treated with dignity and respect. We observed staff throughout the day interacting with people in a respectful and caring way. One member of staff told us, "I love the residents". A relative told us, "We are very pleased with the care our relative receives".

We observed staff to be polite, respectful and working hard to do all they could to meet people's needs. Staff referred to people by the name of their choosing and knocked on doors before entering. One person said, "The staff here are angels. They treat me with respect and encourage me to get out and do things. I can [also] call them when I am out and they will come and get me if I am not well." Another person said, "I am happy at Ashleigh Manor; I feel safe and cared for." A further person said, "I've been in other homes and it's a very good standard of care here; the staff are very good."

We observed staff made time for people when they needed support. For example, we observed one person who was feeling 'off colour' and saying they were cold despite the warm weather. Staff were very caring; the team leader tested the person's temperature and reassured them that was fine. Other staff supported them to change to a warmer jumper and a blanket. The person's chosen breakfast was brought and all staff checked up on them periodically. Everyone from the domestic, kitchen and care team expressed their concern and wanted to help them feel better. When the person was feeling a little better, staff supported them to move to their favourite chair next to their friend and expressed their joy they were looking better. An eye was kept on them for a while longer to ensure they were doing well.

A relative said, "People are spoken to in a civil manner and their first name is always used. Gentle tones are also used and every effort is made to communicate with those who struggle with speech and understanding" adding, "They speak quietly and gently to [my relative] and give her a cuddle which she loves." Another relative said, "The compassion shown is second to none."

Another person was due to attend a funeral in the afternoon and the staff had arranged a taxi for them. Staff repeatedly reassured the person, saying that they would be there on time which reduced their anxiety.

Requires Improvement

Is the service responsive?

Our findings

This key question was rated as Requires Improvement on our previous inspection completed on the 27 and 28 September 2017. This was because people's care records did not always reflect the care that staff provided for people. At that time people, but these were not personalised. We made a recommendation about this.

On this inspection we have continued to rate this domain as Requires Improvement. Before the inspection, we were told new staff were not reading or having the time to read people's care plans and risk assessments to ensure they knew what people's needs were and how they were to meet that need. Our findings on the inspection corroborated this concern.

On this inspection, all care staff confirmed they did not read the care plans and had no role in their design. When we spoke with staff, most demonstrated relevant knowledge regarding people's routines, preferences, likes and dislikes. However, they also said they had no idea what the written risk assessments said about each person and how they were to manage certain health conditions, falls and mobility, for example. Staff told us they relied on the team leaders to tell them and keep them up to date or through shift handover. They added there was a written record of previous handovers but they did not have time to read them if they were off duty for a few days. This meant people could be vulnerable to unsafe, inconsistent care.

Staff said, "I have not read one care plan; I don't have time. We hear about needs and preferences in handover and from the team leaders. I will ask the team leaders about anyone new. I don't read the risk assessments; again I rely on the team leader"; "I don't read or contribute to the care plans. Any significant changes come from the team leaders. I don't feedback on people's health and any new person. I ask or am told by the team leader" and, "I don't get the chance to read the care plans; it's having the time. I check if there has been anyone new and ask the team leader."

In addition to the care planning, one staff member told us what was echoed by all the staff, "The paperwork that needs to be completed is not being done due to the pressures". This included all monitoring paperwork that may alert staff to that person having a health need developing or at risk of skin damage due to reduced mobility. We saw that people's food, fluid and relocating charts were not always being completed. This meant people's developing needs could be missed.

People's care plans had improved since the last inspection but required more work. Also, if staff were not aware of the details within, they would not be effective at ensuring people's needs are met.

People had risk assessments in place however, these were not linked to their care plans. For example, more detail was required for diabetic care plans especially for step by step guidance on how to identify and deal with a high or low blood sugar incident. People who had a stoma or urinary catheter had no care plan in place that detailed how staff were to meet these needs and how to identify when something was not right. There was then no detail of who to contact. For one person who had a diagnosis of epilepsy, there was a document on the wall in their room to tell staff how to respond to them if they were found to be unwell.

However, there was no guidance available in their care plan advising them what action they should take if the person had a seizure.

People on a short stay were having their needs planned for fully. For example, person on a short stay at the service had very little detail available in their care records. The care plan was very brief and not fully completed to reflect the total needs of the person. The pre admission assessment was incomplete with care needs left blank. For example, activities, cognition, psychological and interest were not completed. There was no aim recorded for the short stay or explanation of how staff were going to support this person's rehabilitation. The person told us they were at the service for a short period to enable them to recover from an injury; their aim was to recover their mobility and go home in about seven weeks. This was not reflected in the care plan to demonstrate how staff were going to support them in achieving this. This person experienced a condition called sleep apnoea, which they told us required them to have oxygen at night. This is a sleep disorder characterised by pauses in breathing or periods of shallow breathing during sleep. There was no record in the person's care plan of this condition or directions for staff on their role in managing it with the person.

Not doing all that is reasonably practicable to assesses and mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they were not aware of the care plans and did not contribute to their content in a meaningful way. One person told us, "I know that there are people here to help us but I am not aware of my care plan" and another person said, "I am not involved in care planning". The care plans we saw were not signed by the people using the service and there was no information recorded as to whether they had been involved with their development. We also noted that there was no evidence in the care plans of family involvement and/or that of their representative. However, we saw that Independent Mental Capacity Advocates (IMCA)were involved for some people as one visited during the inspection.

People's end of life care needs were represented by a 'tick box' form that detailed what paperwork was in place. For example, it said there was a Treatment and Escalation Plan (TEP) in place but no further detail about how people wanted their end of life planned. There was no one currently at their end of life, but seeking their wishes and feelings in advance means the service could be prepared to ensure this time was also personalised.

A relative said, "I have not viewed the care plan but through early and ongoing discussions with the management team, I'm sure that most of my conversations are represented in the plan. From time to time we review just how [my relative] is coping and updates [to their care] are made as required". Another family member said they were always consulted about their relative's care adding, "They always notify us immediately and keep and extra eye on them if they are poorly."

Although, they were not always up to date or fully included people's current needs, the content of people's care plans was person centred and reviewed monthly. They were easy to read with pictures highlighting different headings in the dementia care plan for those living with dementia. Where people's behaviour may challenge the records held de- escalation plans with the emphasis on non-medication intervention when and where possible. This could be evidenced by the lack of prescribed sedatives on an 'as needed' basis being administered to one person. The team leader we spoke with knew the person well and demonstrated how to try and avoid friction and/or frustration between them and certain people.

There was some evidence of compliance with the Accessible Information Standards, that is ensuring people had information available to them as required. Also, in how the service was ensuring people's equality,

diversity and human rights needs were being incorporated into their care. Staff said there were picture cards available to communicate with people about their needs but we did not observe these being used and staff could not describe a recent situation where they had. One person had a congenital hearing loss. There was evidence of flash cards in the home to help with communication and the use of a sign language translator being used to help with communicating between them and the district nurse. However, it was documented that this person could become frustrated, as are they were not always understood or could not understand what was happening or being asked of them. One member of staff we observed needed to make more effort to look at their face straight on when talking to them as their records also stated the person could lip read simple sentences. The staff member was not ensuring the person could read their lips clearly.

People had different experiences of whether they were given the right level of stimulation to keep them physically and cognitively stimulated on a day by day basis. Two activity co-ordinators were employed by the service. One had been off work for some time. The co-ordinator for the Manor was trained and passionate about meeting the needs of people living with dementia. They had lots of good ideas and were active in meeting people's needs. This included group activity and one to one sessions for people. However, activity logs were not consistently being completed which made tracking what people had done across the service difficult. For one person, with advance dementia, this meant their advocate could not be assured this was taking place despite this being a condition of their DoLS.

In the Lodge however, we observed that people sat in the lounge for long periods of time with no staff interaction or presence. On the first day of the inspection, we found people in the Lodge were not provided with meaningful and stimulating activities to meet their needs and to reduce the risk of isolation at all during the day. One person told us, "I enjoy activities but there is never enough staff on duty" and another person said, "There has to be a sense of order but I get bored with nothing to do".

One staff member said, "In a nutshell they [people living at The Lodge] have the TV; and us popping in and out. We rarely see the activities person. People generally want someone to chat with them; they are lacking it." Another staff member said, "When there are activities you can see people light up. People [who prefer to stay in their rooms] don't get anything." A third staff member said there was a time window between 2pm and 4pm where staff could spend time with people depending on the staffing levels that day. A fourth member of staff said, "I feel guilty that I cannot spend time with people; have a little chat with them. I have to say I can't stop as I am so busy." Therefore people living at The Lodge received little stimulation, engagement or opportunities for activity and their social and wellbeing needs were not being met.

A notice board was displayed in both areas of the service, which gave people details of the available activities which ranged from trips out, singing and there was a cinema room with comfortable armchairs and lots of books for people to read in quiet. However, this relied on people being mobile and able to read these. One person said, "I enjoy sitting in the quiet room which has a pleasant outlook or the rear entrance from the French windows".

Activities were planned and carried out for special events, such as the forthcoming royal wedding. Everyone and their relatives were invited to these. All birthdays were marked with special milestone birthdays celebrated by all. Religious dates and national dates of note were also recognised. The chef arranged cooking demonstrations and taster sessions that all people could attend.

The service had a complaints policy that was made available to the people in the service's introductory pack and in their rooms. There were opportunities to comment anonymously in the entrances. Staff said they would answer questions and pass any concerns on to the team leaders. The team leaders in turn would raise the concern with the care manager and manager if they could not deal with it themselves. Complaints

were investigated and the findings reported to the person and/or their family. Meetings were held for more complex issues and a way forward sought. Apologies were always given in line with the Duty of Candour (DoC). The DoC is the requirement to be open and honest in respect of any concerns being raised. Staff had the outcome of a complaint shared with them and any staff conduct issues were discussed as a staff group or on a one to one basis depending on the issues involved.

People and relatives both told us they were aware of the complaints process. None of those we spoke with had needed to make a complaint but felt they could speak to staff if needed

Inadequate

Is the service well-led?

Our findings

This key question was rated as Requires improvement on our previous inspection completed on the 27 and 28 September 2017. This was because, although improvements had been made, the provider had not sufficiently monitored the impact that lower staffing levels had had on the quality of the service provided for people. A registered manager was also not in place.

On this inspection we have rated this domain as inadequate. This is because, there were widespread and significant shortfalls in the way the service was led The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. When we advised the provider of this, we established that the provider had failed to ensure their contact details were update with us as required.

There was a lack of suitable and effective quality assurance and governance systems operating at the service. The provider had not ensured the quality of service had improved to level that was acceptable and did not breach the Regulations. Despite some improvements, we continue to find breaches of the regulations and concerns throughout the report. Also, the provider had failed to maintain improvements found on the last inspection.

Our findings reflected most of the concerns that were raised to us prior to our inspection. That is, there were not enough staff or sufficient, accessible equipment or bathroom facilities to meet people's needs. People's prescribed creams were not being fully signed for and we could not guarantee people were not having their prescribed creams put on their skin. Staff were not reading care plans or risk assessments so were unaware of people's recorded risks, needs and preferences.

Systems around care planning and their content had improved since the last inspection. However, people's care records continued to not always include the required information to inform staff. We were told by the manager that care plans were audited at regular intervals, however this did not mean the content was accurate or reflecting all people's current risks and needs. Also, as there was no system to allow staff the time to read these records, people were at risk of inconsistent care or having their needs not met. When there was a potential risk, records of care were not being completed consistently to evidence this was being monitored. For example, in respect of people's hydration needs. This meant people's needs could be being missed and not acted on.

The provider's assurance systems had not identified that staffing levels needed to improve to ensure better experiences for people using the service. Staffing the service safely was an issue that had previously been raised with the provider. We continued to find the service was not staffed in line with the provider's expected basic number. They had not ensured they deployed enough suitably qualified, competent and experienced staff to meet the regulations. For example, audits in respect of people's dependency levels, call bell response times and falls were not being completed or used to help determine the number of staff required to keep people safe and meet their needs. Staff told us that staff numbers were being decided in line with

numbers of people living at the home; if the numbers went down then staff numbers were cut. Staffing was not therefore, constantly reviewed and adapted to respond to changing needs and circumstances of people living at the service. As a result, people's experience of the service was being negatively impacted and people were not able to have control of their care or always assured care was caring, personalised and timely. People's care had to fit around the staff routines.

There was a poor culture within the service. Relationships between staff and between staff and management were fragmented. Staff of different levels were not working well with each other. Some of the staff who had become team leaders had seen this as a promotion away from care duties. There was a division between the attitudes of staff in the Manor and in the Lodge; staff in the Lodge felt the Manor was given a higher priority and staff in the Manor felt the Lodge staff had less needs to deal with. Care staff did not feel they had any role in planning and assessing people's needs. Staff told us that they were criticised for allowing the call bells to ring onto the emergency sounding tone. However, during the inspection, when the bells were ringing for extended periods of time and the emergency bell started to ring, we observed no one from management or team leaders reacted and went to check what needed dealing with. This had all developed a negative atmosphere and resentment among staff and could be potentially putting people at risk of unsafe care.

Although staff stated they felt they could approach the manager, staff also said they did not always feel valued and heard by management and the provider. Staff shared with us concerns about the quality of peoples' care and their ability to ensure changes took place. The staff who worked in the Lodge raised particular concerns and had raised concerns with management, only for changes to not take effect or feel they would be treated negatively for speaking up. One member of staff said, "I feel undervalued and management were not caring about us" and another staff member said, "I would feel vulnerable for speaking the truth; it has gone round what happens if you speak up."

Systems in respect of keeping the building and equipment safe had been changed recently. These roles were now being completed by the head of care and housekeeping. Systems were in place to keep people safe from scalding, heated surfaces and falls from height. However, we identified a number of radiator covers were broken or loose in the Manor, one window was unrestricted and there was a staircase in the Manor that was identified by way of a notice to prevent people using the staircase. People in this area had a reduced cognitive ability to understand safety notices. We advised the manager of these issues so action could be taken to make immediate improvements; we also spoke about the need to ensure people were safe why systems transferred over to the new way of working in respect of health and safety.

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

We met with the provider on the second day of the inspection. We discussed with them the concerns we had received before the inspection. We raised the concerns about staffing, the lack of equipment to meet people's needs and the concern that staff had raised about not always feeling speaking out would be welcomed by them. The provider expressed, "We want to get this right; we don't want to continue to be requires improvement". Following this conversation with us, the provider arranged to meet staff on the 18 May 2018 and seek their feedback. Also, other equipment was ordered and the provider advised the two underutilised bathrooms in the Lodge would become an accessible bath and wet room. In the meantime, the right staffing levels should mean people would see an immediate improvement in the timeliness of their care.

The minutes from the meeting on the 18 May 2018 demonstrated the provider had had open and honest

communication with the staff in the Lodge; ideas have been sought from staff and the listening process started. The provider has set up systems where staff can blow the whistle and be reassured they will be taken seriously and there will be no retribution. A future review date in June 2018 has been planned.

Ashleigh Manor normally refers all essential information they are legal required to us however, we identified a safeguarding concern and a death we had not been notified of. We have spoken with the manager about this and they have completed the safeguarding one and reviewed their processes.

The service continued to not have a registered manager, however the manager was in the process of completing their registration with us. 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. They were supported in running the service by a care manager, two administrators and one of the registered partners and another of the provider's daughters acting on behalf of the registered provider.

Relatives all identified the manager and provider as being responsible for running the home. They commented on feeling they could approach either and ensure any concerns were addressed. Relatives felt they could do this at any time and they would be listened to. One relative said, "This has been a journey with many issues needing to be resolved over the past few years. So far – with great success" and another, "Ashleigh Manor staff are caring and genuine. There is a constant path for improvement and plans to improve the actual building and grounds."

Regular meetings were held to keep people and relatives informed of any changes and developments in the service. Ideas about the running of the service were responded to. For example, the main meal each day has been moved during the summer to the evening as people have said they prefer a lighter lunch when it is warmer. Also, having the main meal at night was in response to current guidance about this being beneficial to people living with dementia. This was discussed with those attending the 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(a)(b)(c)(g) People's risks were not always assessed and ensured they were being mitigated. Equipment was not always provided to ensure safe and appropriate care. People's prescribed creams were not safely managed.

The enforcement action we took:

We have placed conditions on the provider's registration to ensure they address the concerns raised. This will require the provider to report to us every month. We will then re inspect at a later date to check this has been maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b)(c) Robust quality assurance processes were not in place; people's needs and risks were not always being assessed and records were not complete as a result.

The enforcement action we took:

We have placed conditions on the provider's registration to ensure they address the concerns raised. This will require the provider to report to us every month. We will then re inspect at a later date to check this has been maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(1)(2)(a) Sufficient numbers of staff were not deployed nor

assured to be qualified, competent and skilled.

The enforcement action we took:

We have placed conditions on the provider's registration to ensure they address the concerns raised. This will require the provider to report to us every month. We will then re inspect at a later date to check this has been maintained.