Shaw Healthcare (de Montfort) Limited

Thorndale

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 17 and 19 May 2016 and was unannounced.

Thorndale provides accommodation for older people requiring support with their personal care. The service can accommodate up to 60 people. At the time of our inspection there were 58 people using the service. The home is divided into three distinct areas which are situated on three floors of the home. The Laburnum and Holly, Willow and Magnolia areas provide care to older people with high care needs. The Cherry and Lilac areas provide support to people living with dementia. People live in the area that is best suited to their assessed needs.

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

There were not always sufficient staff to meet the needs of people in a timely way and staff did not always have the time to interact with people outside of meeting people's basic care needs.

People's nutritional needs were being met but people did not always feel the standard of the food was consistent.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines.

People received care from staff that were friendly, kind and compassionate. Their needs were assessed prior to coming to the home; care plans detailed people's needs and were reviewed regularly. People's health care was carefully considered and relevant health care professionals were appropriately involved in people's care.

There were opportunities for people and their families to share their experience of the home and to be involved with planning activities and entertainment.

There were a variety of audits in place that monitored the quality and safety of the service and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

There was not always sufficient staff to meet people's needs in a safe and timely way.

Risk assessments were in place to ensure people's safety

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People had access to a healthy balanced diet. However, some people felt the standard of the food was not consistent and choices were limited. People's dining experience varied dependent on where they lived within the home.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

Is the service caring?

Good

The service was caring.

People received their support from staff that were friendly and treated them with kindness and compassion.
People were treated as individuals and staff respected people's dignity and right to privacy.

People were encouraged to express their views and to make choices.

Family and friends were welcome at any time.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

People were encouraged to pursue their interests and take part in activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager was visible and approachable but had not recognised the impact the level of staff deployed had on meeting people's needs in a timely way.

People and their families were encouraged to share their experience of the home to help drive improvements, but not all people felt they had been listened to.

Quality assurance audits were regularly undertaken to ensure that standards were maintained and action taken to address any shortfalls.

Thorndale

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 unannounced inspection took place on 17 and 19 May 2016 and was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we Inspected the service and made judgements in this report. We reviewed the completed PIR and previous inspection report before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

During our inspection we spoke with 15 people who used the service, 16 members of staff including six care staff, two team leaders, four support staff, two kitchen staff, an activities co-ordinator, the deputy manager and the registered manager. We were also able to speak to the provider and five relatives who were visiting at the time. We undertook general observations in communal areas and during mealtimes. We used the 'Short Observational Framework for Inspection' (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to seven people staying at the home and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

There was not always sufficient staff deployed throughout the day to meet the needs of people in a timely way. At our last inspection we found that there were insufficient staff to support people at mealtimes and people had been left waiting for support. We found during this inspection that although the provider had deployed more staff to support people with their meals, people were still left waiting for support from staff with their personal care needs. We saw one person who was falling a sleep at the table, they had not eaten much of their breakfast and when we spoke to them they said "I like my toast with marmalade." There had been no staff around for them to ask. We spoke to a number of people who had been waiting for assistance for up to 90 minutes following breakfast. One person told us "I like to brush my teeth after breakfast but I have to wait for someone to assist me; there are no staff around to ask." Another said "It's always the same, we are left to wait for assistance." Other people commented it would be nice to be asked if you needed help instead of waiting to see staff to ask. We could see for ourselves that people were left waiting whilst staff were supporting other people. We spoke to the registered manager about this who said that where there are people with higher dependency needs they try to allocate another support worker to that area. However, this meant that staff from another area of the home were taken to assist which meant other people were left with less support. We spoke to one person who had left their bedroom looking for someone to assist them. The person said "Is there no one to help me again; have I got to sort myself out." There was a tool in place to work out the number of basic care hour's people required each day, however, this did not take into account the more holistic needs of people. One person told us "Once the care staff have been in and helped me get up I don't often see anyone until lunch time." This person preferred to stay in their bedroom. A number of people commented that they had raised concerns about the number of staff but no one seemed to be able to do anything about it.

A number of relatives commented that at times they felt there were not enough staff about. One relative said "There is not always enough staff at weekends, it's hard to find someone to speak to if you need to." The staff we spoke to said that there were times were they felt there were not enough care staff especially in the morning and at night. We saw from the rotas that at night there were six care staff on duty, two on each floor which each had up to 20 people to support; at the time of the inspection, an additional member of staff had been deployed to support one person who was presenting with behaviours which could harm others around them. There were a number of people on each floor who required two carers and there were people who needed to be repositioned regularly to prevent pressure ulcers from developing. The staff felt that having a seventh person on at night would assist them particularly if an emergency situation arose. Although the provider monitored the response times to call bells and information shared with us indicated that on average call bells were responded to within 2.5 minutes people told us they sometimes had to wait. One person told us "Staff come if I buzz but it depends what they are doing as to how long it takes for them to come." Another person said "The staff come when I call, could be 5 to 10 minutes before they come, depends what they are doing." Another person said "This is a nice place to spend your old age, but they need more staff." We saw that staff had limited opportunity during the day to spend time with people other than when they needed to provide personal care for them. There were periods of time were there was little stimulation for people.

This was a breach of Regulation 18 (1) Staffing. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had found that the systems for managing people's medicines needed to be strengthened. We found at this inspection that a new electronic medicine administration system had been put in place. The staff spoke very positively about it and felt that it had improved the administration of medicines. People now received their medicines, as prescribed, in a safe way and in line with the service's policy and new procedure. We saw staff ensured people had taken their medicines. The new electronic system provided staff with information about a person's medicines, how they worked and what time they needed to be administered. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely in a locked cabinet within a locked air conditioned room. There was a system in place to safely dispose of any unused medicines.

People looked happy and relaxed around staff. There were call bells in each room so that people could call for assistance if they needed it and checks were made on people in their rooms if they wanted. One person said "I like the staff to check me at night; it's nice to know someone is about." People told us they felt secure and safe in the home. One person said "I feel secure here." Another said "Staff always make you feel safe with them."

The staff we spoke with all understood their roles and responsibilities in relation to keeping people safe and all knew how to report any concerns they may have. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the home. The provider had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and action taken to mitigate any risks.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. We saw that the information recorded for each person was kept up to date.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were regular health and safety audits in place and fire alarm tests were carried out each week. During our inspection an emergency bell sounded, the staff reacted quickly and calmly and knew exactly what they needed to do. Each person had a personal evacuation plan in place which was kept alongside clinical risk assessments held in a fire evacuation folder; this ensured that in the event of a fire information was readily available to the senior staff that may need to evacuate the building. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis took action as appropriate and shared the information with the provider as part of a monitoring process.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we had received some feedback which indicated that people were not always happy with the choices of food they were offered and the standard of the food. During this inspection we found that there was a four week menu plan in place which offered a choice of meals each day and the cook was able to offer alternatives if someone did not like what was on the menu. However, food was plated by the staff and no one had an opportunity to say what vegetables they preferred. There was a meal time communication log in place which enabled people to feedback their comments to the kitchen staff. People's feedback was again mixed. One person told us "The food is not always very hot and not always up to standard." Another person said "The choices are the same every day; I'm fed up of saying it." Another said "The food is not bad, not perfect; the sandwiches at teatime are a bit small." Other people however expressed how good the food was, one person said "The food is very nice; I have put weight on since I came here and you can always ask for something if you are hungry." Another person said "The food is very good, plenty of it."

We spoke to the kitchen staff who said they had tried to offer as much choice as possible, but it was not always easy to please everyone. Food was taken up to dining rooms in heated trolleys but if staff took the food out before people were ready the food would cool down. The kitchen staff explained that they were able to feedback to the provider if they were unhappy with the quality of any food products, which they had done. We spoke to the registered manager about this who said they were not aware of the issue about food not being hot enough but would look into this and that they had tried to address the issues around choice but would again try and address this.

People were supported to eat a healthy balanced diet. The kitchen staff were advised of people's dietary needs and any allergies people had. We saw that food which needed to be pureed for people was presented to make it as appetising as possible. For example different shape food moulds had been used to separate the different foods to enable people to experience the flavours of the food.

People's dining experience varied dependent on the area of the home in which they lived. On the ground floor, where people were living with dementia, staff supported people who needed assistance with their food and ate their dinner with people. There was a relaxed and calm atmosphere with music playing in the background. On the other two floors people sat for a while waiting to be served their meal; in one area this was up to 25 minutes. One person had only finished their breakfast at 11am but was then expected to have dinner at 12.45pm; there was no flexibility in the time for when people had dinner. The interaction between the staff and the people was task focussed, the conversation was centred purely on what people wanted and had they finished their meals. The television was left on in one area with no one watching.

People were supported and cared for by a staff team which had undertaken a comprehensive programme of training. Some of the staff had worked at the home for a number of years. People told us they felt most of the staff had the skills and knowledge to support them. One person said "Some staff are very good, they will do anything for you, and others are not so good." Another person said "The care us alright; some staff chat to you, others don't."

All new staff undertook an induction programme which was specifically tailored to their roles. Newly recruited care staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition to in- house training and on-line based training all new staff shadowed more experienced staff over a period of time until they were assessed to be competent in their role. New staff did not care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

We looked at staff files to review the training provision which underpinned staff knowledge and abilities in their role and responsibilities. Training in key areas such as first aid, fire safety, medication, movement and handling and dementia awareness was refreshed regularly to ensure staff kept their skills and understanding up to date. We noted that staff had appropriate qualifications to reinforce their abilities in their work. However, not all staff demonstrated their knowledge when it came to interacting with people, they were very task focussed and did not engage with people outside of the tasks they undertook when they had time. The provider had identified a training programme 'Leading care that matters', which was about delivering person-centred care; team leaders and senior carers, could attend. We spoke to one of the team Leaders who was undertaking the training; they spoke very positively about it and said how it challenges some practices, they were keen to put the training into practice and felt it would benefit everyone. The training sounded as if it would benefit everyone and improve the experience of people living in the home. Staff told us that they were able to discuss and reflect upon their training needs in supervisions with their manager. We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed.

People were supported by staff that received supervision regularly and had yearly appraisals. We saw that supervisions were scheduled throughout the year for staff. One member of staff told us "You can talk through any problems or issues in supervision and can talk about any training you may like."

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 decisions 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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom. The registered manager was aware of those applications which were yet to be authorised and was in contact with the relevant local authority.

People were involved in decisions about the way their support was delivered. Staff sought people's consent before they undertook any care or support. We heard one staff member asking someone "Do you want an apron?" and another asking "Do you want me to help." One person expressed a wish to eat at the dining table alone; the staff facilitated this and ensured that another person was then not left on their own to eat.

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. Staff recorded daily the level of food

and fluid intake for those people assessed to be at risk. We saw from the care plans that referrals had been made to the dietitian and speech and language therapist for guidance and advice when there had been concerns about people not getting enough nourishment.

There were systems in place to monitor people's health and well-being. People told us that if they needed to see a GP one would be contacted. We saw from people's records that people had accessed a number of different health professionals such as GP, District Nurse, chiropodist and optician.

Good

Is the service caring?

Our findings

The atmosphere in the home was friendly and welcoming. Visitors were welcomed at any time and the registered manager and deputy manager took time to speak to people as they came in. Throughout our visit we saw some positive interaction between the staff and the people using the service. People told us that they were looked after well. One person said "The care staff are lovely, no matter what, they do things for you." Another said "It's lovely here; I really enjoy it and would not live anywhere else." A relative who was visiting at the time said "It's very pleasant and friendly here, [relative] has settled in well." We read comments from families which included '[Name] was so well looked after, more than any time in her life.' 'Thank you very much for the loving care you gave our Mum.'

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and we heard people being asked what they wanted to wear. We asked the staff about promoting people's privacy and dignity; they spoke about ensuring doors to bedrooms and bathrooms were closed when providing personal care, offering choices when dressing and when they wished to go to bed and get up. People confirmed that the staff involved them in decision making and allowed them to make choices. A number of people told us they went to bed when they wanted to and got up when they wanted. One person told us "I like to have a walk outside each day." We saw this person being helped throughout the day to take a walk outside. We observed staff knocking on doors before they entered a person's room and greeting people in a friendly manner; for example we heard one member of staff say as they entered a person's room "Good morning [name], how are you today, oh you have had your hair done, very nice."

In the area of the home where people were living with dementia, staff were sensitive towards people's needs. We saw one member of staff speaking gently to someone who had very limited communication encouraging them to drink and trying to involve them with what was going on around them. All the staff knew people by their preferred name and addressed people appropriately. One person wanted to help the staff and the staff involved them in folding clothes. The person told us they liked to be doing things and the staff normally found them something to do. One person carried a baby doll with them which enabled them to engage with staff talking about their children.

We spoke to one family whose relative was nearing the end of their life. The family spoke positively about the care and attention both their relative and they had received from everyone at the home. They said "Carer's are very good, they have kept us informed and we have been offered a room if we want it." The home had plans in place to support people at the end of their life and we saw from records that GP's and District Nurses were contacted for advice and support. We read a comment from another family 'Thank you for all your kindness and caring you showed to Mum and for accepting me as part of the team. I will always cherish this time with Mum and yourselves.'

There was information available about advocacy. The registered manager was aware of the need to involve an Independent Mental Capacity Advocate for people who had no family or representative and lacked the capacity to make certain decisions for themselves. At the time of the inspection there was no one who

needed an advocate.

Good

Is the service responsive?

Our findings

People's needs were assessed by the registered manager and deputy manager before they came to live at Thorndale. People's individual needs and expectations were discussed which enabled a decision to be made as to whether Thorndale could offer a place to the person. People were encouraged to visit the home before they made a decision. One relative told us "We brought [relative] in for a cup of tea so they could see the place. They are very settled here."

The information shared from the initial assessment was used to develop an individual care plan for each person. The care plan contained a 'Life Map' which informed the staff about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to effectively support people living with dementia. Staff demonstrated their knowledge of people as they engaged in supporting them; for example we heard one member of staff talking to a person about their family. The care plans detailed the care and support people needed, their preferences and likes and dislikes. We read in one care plan a person had expressed that they liked their own company and to spend their time in their room using their IPad and telescope. We met the person who was in their own room using their IPad with their telescope next to them. They told us "I do what I like."

We saw that where people needed specific equipment to support them this was in place. For example where it had been identified a person with limited mobility required a hoist to help them to transfer from their bed to a wheelchair that this was in place. We observed staff safely hoisting people using the correct sized harness as described in the care plan.

People chose how and where to spend their time. Meals were served in either people's own rooms or in the lounge. Some people liked to spend time in their bedrooms; others spent time in the lounge chatting with each other. Family and friends could visit at any time. One family told us that the home had arranged for them to skype their relative whenever they were away so that they could all stay in touch.

People were encouraged to follow their interest and join in any activities being offered. Regular events were planned to meet people's spiritual needs. The home had an activities co-ordinator who had spent time with people to look at what activities they may like to do individually or in a group. Audio tapes of newspapers had been purchased to support one person who loved reading but had problems with their sight. A gardening group had been established for those people who had expressed a desire to spend time out in the garden. One person told us "I like to do a bit of gardening." A volunteer came in to play scrabble with people who had expressed a wish to play. There was a Residents Activity Committee which planned various events throughout the year; for example a number of people went on a trip to a local Zoo at the time of the inspection. The committee was also looking at organising seated May pole dancing for people to try. There were lots of photographs on display as to what activities and entertainment people had taken part in. One person told us "There is lots to do here if you want to."

The area of the home where people lived with dementia had various areas to stimulate people. There was a sensory room which had lots of lights and things to touch. An old fashioned sweet shop had been created

which stimulated people to reminisce about their lives and what they did as a child. Signs and pictures were on doors enabling people to find their way around. One person had a noticeboard in their room which included information about when their relative was due to visit; this helped the staff to settle the person when they became anxious about seeing their relative.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People knew who the registered manager and deputy were and said they would speak to them if they needed to. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Relatives told us if they had any concerns they were happy to speak to the registered manager and were confident issues would be resolved.

Requires Improvement

Is the service well-led?

Our findings

People told us that they knew who the registered manager was and the deputy manager. One person commented "They are both lovely, they stop to chat." Relatives told us that they had no hesitation in speaking to the managers if they had any concerns. We saw as relatives visited Thorndale the managers taking time to speak to them and clearly were aware of the needs of everyone. However, there had been a failure to recognise the impact the staffing levels had on people receiving care in a timely manner and the limited time staff had to interact with people outside of supporting people with their personal care needs. Also that the continued to be dissatisfaction amongst some people in relation to meal choice and the consistency in standard of the food and that people's dining experience differed.

There were opportunities through meetings with the people living in the home and their families for everyone to discuss issues about the home, what activities or entertainment people wanted to do. These also gave the management the chance to share developments in the home. People told us about the Residents Activity Committee and we saw minutes and a newsletter informing everyone about events that had taken place and forthcoming events. However, not all people had felt listened to, specifically about the number of staff there were available at times and the food; in their view no action had been taken to address these.

There were yearly satisfaction questionnaires sent out to people and their families to ascertain their views of the service. Information from a recent survey was yet to be collated but we saw from a survey in 2015 that overall people were satisfied with the care and support they were getting and the home itself.

The home encouraged visits from different organisations such as local schools, churches and a brass band. The activities co-ordinator actively encouraged links within the local community and particularly had arranged a number of events which had involved a local school. There was an annual summer fete which involved people, their families, staff, volunteers and the local community.

The staff said that management were approachable. One member of staff said "I will always check things out with them, it doesn't matter how often I check they are always helpful."

Staff meetings were held which gave the staff the opportunity to share good practice and raise any suggestions on improving the service. We saw from one set of minutes that the staff had identified the need for more over the bed tables and 10 had recently been purchased. The staff spoke positively about the registered manager and deputy and felt they were encouraged to develop their skills and undertake training that lead to qualifications. One member of staff commented "The management are very supportive, I have been able to progress well in the company and feel encouraged to complete more training."

To ensure that standards were maintained throughout the home the registered manager undertook monthly and quarterly audits. These included audits of care plans, management of medicines and the environment. We saw that care plans were being updated with new paperwork to complete. The staff felt these were better and easier to follow. Medicine audits had been conducted; these identified any issues in a

timely fashion to ensure medicine errors did not happen, and were errors had been found these had been rectified. We undertook an audit of the system and found all records to be correct. The need to refurbish kitchenettes had been highlighted and plans were in place to undertake this work and carpets had recently been replaced. The provider also visited each month and undertook an audit into the quality of the service. These could be strengthened by undertaking observations on the level of interaction staff are able to have with people outside of completing the basic care tasks.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were at times left waiting for their care and support needs to be met as the provider did not deploy sufficiently competent, skilled and experienced staff at all times.