

Park Care Limited

Park Grange Care Home

Inspection report

Neville Avenue
Kendray
Barnsley
South Yorkshire
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Tel: 01226286979

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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

Park Grange is registered to provide accommodation and personal care for up to 30 older people. The home occupies a central position in Kendray, near Barnsley, close to local shops and other amenities.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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 was a manager at the service who was registered with CQC.

Park Grange was last inspected on 27 May 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 6 June 2016 and was unannounced. This meant the people who lived at Park Grange and the staff who worked there did not know we were coming. On the day of our inspection there were 15 people living at Park Grange.

When we spoke with people who used the service they all told us they felt safe. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their relative. Staff had received safeguarding training and were confident the registered manager would act on any concerns.

We found staffing levels were sufficient to meet people's needs, but recruitment checks of staff did not include all the relevant information and documents.

Systems and processes were in place for the safe administration of medicines.

Some staff did not receive regular supervisions or appraisal.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lack capacity to make important decisions themselves.

People felt staff were caring and respected their privacy and dignity.

People had access to a range of health care professionals to help maintain their health.

People's care plans contained information on the support needed and risks to the person so that important

information was provided to ensure people's identified needs could be met.

Some people said they participated in daily activities both in and outside of the home. We saw evidence of some activities taking place during the inspection.

People living at the home, and their relatives said they could speak with staff or the registered manager if they had any worries or concerns and they would be listened to.

There were some systems in place to monitor and improve the quality of the service provided.

The majority of staff spoken with said that communication was not good in the home, staff morale was poor and they were unable to share their views or approach the registered manager.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

We found staffing levels were sufficient to meet people's needs, but recruitment checks of staff did not include all the relevant information and documents.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff had not received appropriate levels of supervision or appraisal for development and support in the last 12 months.

People were supported to receive adequate nutrition and hydration.

Relevant induction and training was provided to staff to ensure they had the skills required for their role.

Is the service caring?

Good 

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

Some people said they participated in daily activities both in and outside of the home. We saw evidence of some activities taking place during the inspection.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was not consistently well-led.

The majority of staff spoken with said that communication was not good in the home, staff morale was poor and they were unable to share their views or approach the registered manager.

There were quality assurance and audit processes in place.

Requires Improvement 

Park Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors 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 expert had experience of older people and dementia care.

We contacted Barnsley local authority, health professionals who regularly visited the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from local authority commissioners and health professionals and this information was reviewed and used to assist with our inspection.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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 PIR was returned as requested.

At the time of the inspection there were 15 people living at the home. During the inspection we spoke with eight people who used the service, four people's relatives and a care professional who was visiting the home during the inspection.

We spoke with ten members of staff, which included the registered manager, care staff, senior care staff, day care staff and ancillary staff such as catering and domestic staff. We were also able to speak with the registered provider who was visiting the home on the day of inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All of the people living at Park Grange said they felt safe. People told us, "I don't know what I would have done at home, if it was not for the staff here," "I feel really safe," "I can rest at night because I know I am safe here" and "I feel safe and well, they [staff] look after me and are very kind."

Relatives spoken with said they had no worries or concerns about the safety of their relative living at Park Grange, comments included, "We feel very settled that [named relative] is in a safe place."

People told us if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people. People said, "I can stick up for myself but I would tell [named registered and day care managers] if I was unhappy about anything."

We asked people if they thought there were enough staff to safely meet their needs. People we spoke with thought there were enough staff to deal with their care needs. People said, "Staff give me good attention, I don't have to wait long for anything," "The staff go around at night to make sure we are alright" and "I can always call for help if I need too."

We checked three staff's recruitment records. Two of the files checked were for members of staff who had been recruited since our last inspection at Park Grange. All three records we checked contained the staff member's Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. In two staff files the full set of information and documents required as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were not in place, including a full employment history together with a satisfactory written explanation of any gaps in employment and proof of the staff members' identity with a recent photograph. These gaps meant the provider could not be sure they employed fit and proper persons.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

At the time of this visit there were 15 people living at Park Grange. We found three care staff, the registered manager, two domestics, a laundry worker and two catering staff were on duty. In addition support was provided, in relation to activities, by the day care manager and a support worker in the day care area of the home. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the week prior to this visit, which showed that the calculated staffing levels were maintained so people's needs could be met. The registered manager explained two staff were provided at night and an on call system was also in operation should a member of staff need to accompany a person to hospital or in the event of any other emergency. Staff or the registered manager did not raise any concerns over current

staffing levels during our inspection.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained that each person had an individual record and small amounts of cash were kept in an envelope for each person. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw that the registered manager undertook regular checks of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We checked three people's care plans and found they contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's health and activity and included environmental, nutritional, moving and handling and fall risks. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We checked accident and incident records over the past two months and found all had been checked by the registered manager who had completed a 'follow up' report to show incidents were being monitored and dealt with.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

The home had a fire risk assessment in place which included an emergency evacuation plan. We also found that each person who used the service had a basic personal emergency evacuation plan (PEEP) which identified the number of staff and any equipment required to assist the person.

We found the home used the NHS Barnsley Clinical Commissioning Group and Barnsley Metropolitan Borough Council best practice guidelines, 'Standards for care for medicines management in relation to the care home settings'.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us a senior member of staff observed them administering medicines before 'signing them off' as competent. This was to make sure they had understood their training and were following the correct procedure for administering and managing medicines.

We found people had a medication plan that identified how people liked to take their medication and any allergies they had. Each person had a Medication Administration Record (MAR), which included a photograph of the person. This meant information was available for staff to minimise risks of people being given the wrong medication.

We found identified staff were designated to administer medicine. We observed staff administering part of the breakfast and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR. We heard staff asking people if they needed their pain relief and respecting their responses.

We looked at the MAR of four people and found all medicines had been signed for or a code used to explain why the medicine was not given.

We checked the records of two people who were receiving controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. The drugs were stored appropriately and administration records were signed by two people. This showed that procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We saw documented audit checks regarding the safe storage and accurate record keeping of medicines were being completed by the registered manager at the service. These audits were completed on a monthly basis.

The registered manager and senior support worker confirmed they liaised regularly with the community pharmacist to help maintain people's safety around medicines management.

We found a policy and procedure was in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. This showed procedures were followed to control infection.

Is the service effective?

Our findings

People living at Park Grange said their health was looked after and they were provided with the support they needed. One person said, "I have my own optician, the staff make me an appointment when the time comes around."

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their relatives living at Park Grange. Relatives told us, "She sees the doctor whenever she needs to" and "She always gets to see the community nurse regularly."

We spoke with a visiting care professional during our inspection. They told us they had no concerns about Park Grange and commented, "This is a lovely environment, all the staff are friendly, caring and respectful."

Prior to our inspection we received comments from healthcare professionals who told us, "The care is very good and staff have the skills to meet people's needs" and "No concerns about the service at all. Well run."

All the people we spoke with were complimentary about the food and the catering team. The food offered looked pleasant in presentation. During the day staff were observed offering people a wide choice of food and drink and encouraged them to eat fresh fruit and drink fresh fruit 'smoothies'.

People said, "The food here is great," "Nothing is too much trouble for the cooks, if you don't like something they offer you something else straight away," "I asked for liver to be put on the menu and it has," "The food is just right for me," "We get good old fashioned food, and plenty of it" and "I cannot fault the food."

Relatives we spoke with said, " [name of relative] loves the food, she always mentions it," "The staff arranged a fantastic buffet for [relatives name] birthday ,there was so much food" and "We appreciated all the staff did to help us run a party for [name of relative]."

We spoke with the two members of catering staff who were aware of people's food preferences and special diets so that these could be respected. We looked at the menu for four weeks and this showed a varied diet was provided and choices were available at all mealtimes. We heard one person request tomatoes on toast for breakfast. The catering team provided this but asked the person if they would like anything to accompany the tomatoes and proceeded to offer poached eggs and bacon, which the person said they would like as well.

The catering staff told us, "We discuss the menus at the residents meetings," "We can order anything that residents like ,we have never been told there is a budget" and "If there is anything different that residents would like we will get it."

The staff were seen to be very calm and patient when delivering meals and asking people what they would like to eat often repeating to people what was available, waiting for an answer and offering an alternative if the person requested. The staff were very good at offering people drinks throughout the day. Staff were

conscious and reminded people of the need to drink plenty of fluids as it was a very hot day.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control and safeguarding people. We saw certificates of this training were contained in staff files and the registered manager had developed a new training matrix to help monitor staff training. Staff spoken with said the training provided them with the skills they needed to do their job.

We found the service had policies on supervision but not for staff appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Park Grange staff supervision policy identified staff should receive supervision at least six times a year. The policy, which was undated, did not identify staff would receive an annual appraisal.

We checked eight care staff files and found within the last 12 months. Seven of the eight staff had been provided with no more than one supervision in the last 12 months and only one member of care staff had received supervision in 2016. No care staff had received an appraisal.

The majority of staff we spoke with said they did not feel supported or adequately supervised by the registered manager. Staff said, "I daren't go to the manager, I don't know what mood they will be in," "It's all about what we have done wrong, staff emotions are all bottled up," "I've not had recent supervision, I think I have had two since 2014," "I have had supervision, not often maybe once a year," and "I have never had appraisal."

Some staff were positive about the support they received. Staff said, "I can go to the manager with any problems, I don't have a problem."

The registered manager said they had 'fallen behind' with supervisions as they were carrying out supervision for all staff themselves. We discussed how the supervision and appraisal plans for staff could be better organised including being able to delegate some of the supervisory roles to other senior staff in the organisation.

Our findings meant the staff were not provided with support, supervision or appraisal to carry out their jobs or roles safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant staff

had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS had been referred to the Local authority in line with guidance and we saw records of these applications.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person (where they had been able to sign) or their representative to evidence their agreement.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, chiropodists and dentists. People's weights were monitored monthly so any changes could be responded to.

Is the service caring?

Our findings

All of the people, relatives and visiting professionals we spoke with or contacted made positive comments about the quality of care and staff at Park Grange.

People told us they were happy living at Park Grange, the staff were kind and they had choices. Their comments included, "The staff are smashing. I get on with all of them," "Although I spend a lot of time in my room, I come and go as I please," "I can lock my door when I go out. I have some lovely things that need to be safe," "My family come whenever they want and the staff will always make sure they get a cuppa" and "The staff are so helpful."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. We observed staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. Staff and people looked comfortable together. There was a lot of laughter shared between people and staff. People said staff were good at listening to them and meeting their needs.

People said, "I feel as though I am treated with dignity and respect" and "I cannot think of anything that could be improved."

We did not see or hear staff discussing any personal information openly or compromising privacy.

All of the staff spoken with said they would be happy for their loved one to live at Park Grange. One staff said, "I would be more than happy for any of my older family to live here, I know they would be cared for."

A care professional when asked their opinion of Park Grange said, "Brilliant care."

The three care plans we checked contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on different advocacy services was on display in the reception area of the home. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

The registered manager said visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said they visited regularly and at different times of the day. We saw the home was busy with visitors throughout the day. Relatives and visitors were welcomed by staff in a caring and friendly manner.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "I can come and go as I please" and "I can walk outside whenever I want."

People and relatives gave mixed views on activity, occupational, cultural and leisure opportunities available to them. Comments included, "There is no church service here, I would go to it if there was one," "We used to go on outings they have stopped now," "I collect dolls (which we saw on display) and the staff help me put them on the shelves" and "There seems to be enough activities but [name of relative] would like to go on trips and outings."

We found the day care manager and support worker provided various leisure opportunities for people to participate in as they chose. The home had access to two cars to facilitate trips out of the home, for hospital appointments or for leisure. People said they used to go out more often when the home had a mini-bus. However the service no longer had the minibus so this made transportation for some people more difficult. The registered manager said the home were looking at the possibility of purchasing a new mini bus in the near future. We saw evidence of activities provided which included quizzes and games, visiting entertainers, and crafts. During our inspection we saw a variety of activities, both in groups and individually. We saw people being supported and encouraged with craft work. We saw people participate in a game of bingo in the afternoon and care staff sitting with people and chatting throughout the day.

People living at the home and their relatives said they could speak to staff if they had any worries. Relatives commented, "We can talk to [named registered and day care manager] about anything and it is dealt with straight away."

We looked at three people's care plans. The care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Health professionals we spoke with said, "Staff are always helpful with us and they encourage people to be independent."

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw care plans had been reviewed each month. Where changes had been identified as needed, we saw

care plans had been amended to reflect these. For example, one person's plan had been updated to reflect changes in their nutritional needs. This example showed care plans contained relevant and accurate information.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. A suggestions box was placed in the entrance area so people had further opportunity to voice their opinion. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Park Grange. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. The registered manager informed us there were no current complaints about the home.

Is the service well-led?

Our findings

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

People living at Park Grange and their relatives told us they knew the registered manager well and found her approachable. People said, "The manager is always approachable and helpful," "The manager's door is always open," "We can go the see [name of registered manager] at any time" and "There are two sides to the manager but believe me there is nothing to worry about, I can tell her anything."

People and their relatives told us staff were approachable, friendly and supportive. Comments included, "We are so pleased we chose this home" and "My relative is happy that she is living in her own community."

Health care professionals we spoke with said, "The management team are very supportive" and "Staff are very welcoming and caring."

Staff said, "The owner comes in often to ask if everything is alright."

The majority of staff spoken with said communication was not good in the home, staff morale was poor and they were unable to share their views or approach the registered manager. Some staff we spoke with became emotional and visibly upset when they were talking with us about the management of the home.

Staff told us there had not been a recent staff meeting which they felt would benefit all staff within the service. The registered manager told us there hadn't been a staff meeting in the last six months but they regularly communicated on a one to one basis with staff. The lack of staff meetings meant opportunities to communicate and share information with staff were limited. Staff comments included, "Staff morale and confidence in the manager are at an all-time low" and "We do not usually get positive feedback from the management, but we know when we have done something wrong."

We did spend time at the end of our inspection to discuss these concerns from staff with the registered manager and latterly with the registered provider. The registered manager explained to us they had recently disciplined staff. However, the registered manager accepted, "I could have handled certain situations better." The registered manager said they would re-introduce and increase the frequency of staff meetings.

Our findings meant opportunities to communicate and share information with staff were limited. This demonstrated the service was not meeting the requirements of the regulations in relation to seeking and acting on feedback from relevant persons (i.e. staff) for the purposes of continually evaluating and improving the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In view of the negative comments we received from staff much of the disquiet appeared to have gone unnoticed by people, their relatives and care professionals. The atmosphere in the home was found to be caring with staff sharing laughter and humour with people and their visitors to try and maintain a positive culture in Park Grange. Staff should be commended for this.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We saw checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns. Health and safety checks were also undertaken as part of the registered manager's audit processes.

We found questionnaires had been sent to people living at the home, their relatives and professional visitors. The results of questionnaires were being audited by the registered manager. Information from the returned questionnaires has been reported on throughout this report and many of the comments were very positive. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis.

We found some 'resident's meetings' were held to share information and obtain people's views. This meant people had opportunity to share their opinion.

The home had policies and procedures in place which covered all aspects of the service. Some of policies seen were in need of updating, dating and reviewing (supervision and appraisal policy). Staff told us policies and procedures were available for them to read and they were expected to read them as part of their employment.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Opportunities to communicate and share information with staff were limited. The registered provider and registered manager were not seeking and acting on feedback from relevant persons (i.e. staff) for the purposes of continually evaluating and improving the service.</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures did not ensure fit and proper persons were employed.</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not provided with adequate supervision or appraisal to carry out their jobs or roles safely.</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing</p>

