R.M.D. Enterprises Limited

Stanborough Lodge

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 28 May 2015 and was unannounced. At our last inspection on 20 May 2014, the service was found to be meeting the required standards. Stanborough Lodge is a residential care home that provides accommodation and personal care for up to 25 older people, some of whom live with dementia. The home is comprised of bedrooms and communal areas spread over two floors where staff look after people with varying needs and levels of dependency. At the time of our inspection there were 25 people living at the home.

There is a manager in post who has registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection a number of applications had been made to the local authority in relation to people who lived at the home.

People told us they felt safe at the home. Staff had received training in how to safeguard people against the risks of abuse. There were enough staff members available to meet people's needs. We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies. However, not all areas of the home had been managed effectively to keep people safe.

We found that people had been supported to take their medicines on time and as prescribed by staff who had been trained. People told us that potential risks to their health and well-being had been identified, discussed with them and their relatives and reduced wherever possible.

Staff obtained people's consent before providing the day to day care they required. Where 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions were in place, we found that these had been made with the full involvement and consent of the people concerned or their family members.

People were positive about the skills, experience and abilities of the staff who supported them. We found that staff had received training and refresher updates relevant to their roles. The manager had regular supervision meetings with staff to review their performance and development.

People and their relatives were very positive about the standard of meals provided at the home. We saw that the meals served were hot and that people were regularly offered drinks. People enjoyed a healthy balanced diet that met their individual dietary needs and requirements.

People told us that their day to day health and support needs were met and they had access to health care professionals when necessary. We saw that people were looked after in a kind and compassionate way by staff who knew them well and developed positive and caring relationships with them. Staff provided help and assistance when required in a patient, calm and reassuring way that best suited people's individual needs.

People were involved in the planning, delivery and review of their care and support. The confidentiality of information held about people's medical and personal histories was sufficiently maintained across the home. We found that personal care was provided in a way that promoted people's dignity and respected their privacy.

People told us they received personalised care that met their needs and took account of their preferences. We found that staff had taken time to get to know the people they looked after and were knowledgeable about their likes, dislikes and personal circumstances.

People expressed mixed views about the opportunities available to pursue their social interests or take part in meaningful activities relevant to their individual needs. We saw that where complaints had been made they were recorded, investigated and the outcomes discussed with the people concerned. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way.

Everybody we spoke with was very positive about the management and leadership arrangements at the home. However, we found that the methods used to reduce risks, monitor the quality of services and drive improvement were not as effective as they could have been in all areas.

At this inspection we found the service to be in breach of Regulations 9, 12 and 19 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.

Summary of findings

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.

Safe and effective recruitment practices had not always been followed.

The premises had not always been managed effectively to keep people safe.

People told us they felt safe at the home and staff members knew the risks of abuse and how to report concerns.

Sufficient numbers of staff were available to meet people's needs in a patient and timely way.

People were supported to take their medicines safely by trained staff when they needed them.

Potential risks to people's health were identified and effective steps taken to reduce them.

Is the service effective?

Good

The service was effective.

Staff obtained people's consent before they provided care and support in a way that complied with the requirements of the Mental Capacity Act (MCA) 2005.

Staff received regular supervision and training which meant that people's needs were met by competent staff.

People were supported to eat a healthy balanced diet that met their individual needs and dietary requirements.

People's day to day health needs were met and they had access to health and social care professionals where necessary and appropriate.

Is the service caring?

Good

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives where appropriate, were involved in the planning, delivery and review of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of people's medical histories and personal information was adequately maintained.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not always responsive.

People expressed mixed views about the activities provided. Some felt that there were not enough opportunities to pursue social interests.

People told us they received personalised care that met their needs and took account of their preferences.

People were confident to raise concerns and have them dealt with to their satisfaction.

Is the service well-led?

Requires improvement 

The service has not always been well led.

People, their relatives and staff were positive about the management and leadership arrangements at the home.

Staff told us they understood their roles and responsibilities and were well supported by both the manager and provider.

Measures were in place to monitor the quality of services provided at the home and drive improvement.

However, the systems used to identify, monitor and reduce risks were not as effective as they could have been in all cases.

Stanborough Lodge

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 May 2015 and was unannounced. The inspection team consisted of one Inspector, an expert by experience and a specialist professional nursing advisor. The nursing advisor was used to check that people's health and care needs were met in a safe and effective way. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with six people who lived at the home, three relatives, five staff members, the provider and the home manager. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We looked at care plans relating to eight people who lived at the home and two staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

Although people were very positive about the staff who looked after them, we found that safe recruitment practices had not been followed in all cases. For example, at our last inspection on 20 May 2014, we found that job applicants were only asked to provide details of five years previous employment rather than the full history required by the Regulations. We brought this to the attention of the provider and invited them to amend recruitment practices to ensure that full employment histories were obtained. However, at this inspection we again found that some applicants who had been recruited were only asked to provide details of five years previous employment. We also saw that unexplained gaps evident in some of the employment details provided, a year in one particular case, had not been properly explored or clarified.

Although checks were carried out to make sure that staff were of good character and both physically and mentally fit to do their jobs, assessments of their suitability for the role during interview were not as effective as they could have been. For example, we found that in some cases applicants' suitability in terms of their skills, abilities, experience, qualifications, eligibility to work in the United Kingdom and previous employment history had not been adequately explored or established. We also found that information contained in some of the references provided had not been properly checked or verified. For example, in one case the information provided in different references about the previous employment history of one applicant was found to be both inconsistent and contradictory in significant respects.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the home and surroundings which they felt provided a safe and secure environment. One person's relative commented, "It's very secure. I have no doubt that [family member] is safe and secure. Security is low visibility." However, although appropriate plans and equipment were in place to deal with unforeseen incidents and emergencies at the home, we found that steps taken to ensure the premises kept people safe were not as effective as they could have been in all areas. For example, we saw that a large concrete block and mattress had been discarded at the bottom of external fire escape stairs and in close proximity to an emergency exit on the ground floor. These may have impeded access to and from the building during an evacuation, particularly for people with limited or restricted mobility.

The home had a large garden to the rear which included a glass greenhouse used by residents and staff who smoked. During our inspection we saw that one person who lived at the home made their way to and from the greenhouse on a number of occasions to smoke a pipe. When we toured the garden we found a number of potential trip hazards and other safety risks, particularly in the close vicinity of the footpath used to access the greenhouse. For example, there were discarded garden hoses and parasol bases on the ground and a door to the laundry room, which was unattended and contained hazardous equipment and chemicals, had been propped open allowing unrestricted access. A garden bench was potentially unsafe as it fell over when a loose piece of wood that supported it was removed. We also saw that a washing line crossed over the main garden footpath at a height that may have presented a physical safety risk to both residents and staff alike.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were positive about staffing levels at the home. They told us that, although staff were stretched at busy times, there were normally enough available to meet people's needs in a timely way. One person said, "I think they [staff] are pretty quick." Another person told us, "Sometimes they [staff] are a bit short and rushed." The manager and provider explained that additional staff had been deployed during periods of peak demand, such as first thing in the morning, in response to concerns raised about increased workloads. One staff member commented, "There are enough staff. We are busy in the mornings but it's made easier as we know everyone."

During our inspection we saw that staff responded to people's requests for help and assistance promptly. They provided care and support in a calm and patient way that took full account of people's needs and personal circumstances. One person's relative commented, "I've accidently stood on a pressure mat three times and they've [staff] come straight away. If that's an indication of how quickly they come, I'm happy with that."

People told us they felt safe, well looked after and happy at the home. One person said, "I've never experienced any

Requires improvement

Is the service safe?

problems, I've always been alright." Another commented, "The staff make you feel safe." Relatives were also confident that people were safe and protected from harm by staff who listened and responded positively to any concerns they had. One person's relative told us, "I am confident that my [family member] is safe and well looked after here, no doubt about that. The staff have always responded quickly to any issues I have raised. "

We found that staff had received training about how to safeguard people from harm and keep them safe. Information about how to report concerns, including contact details for the local authority, had been provided to staff members and was prominently displayed in communal areas of the home. A staff member told us, "[The] safety of people here is most important to us. The residents are like family to us."

People told us that staff helped them take their medicines when they needed them, at the right time and reminded them what they were for each time. One person said that staff were very knowledgeable about their medicines and another told us that they were given pain relief tablets as and when necessary. They went on to explain, "I rang this morning about 5am and had some [pain relief medicine] then." People were supported by staff who had been trained to administer medicines safely. There were suitable arrangements for the safe handling, management and disposal of people's medicines.

However, although held securely, we saw that medicines were stored in cabinets situated in a large alcove area at one end of the communal dining room used by residents and their relatives. This arrangement was less than adequate because of the risks that staff engaged with preparing or checking medicines may be distracted and find it difficult to preserve and maintain the confidentiality of people's medical information. The provider and manager told us that storage arrangements would be reviewed and improved in light of our findings.

We found that identified risks to people's health and well-being had been assessed and reviewed on a regular basis. This included areas of risk such as malnutrition, dehydration, falls and pressure ulcers. Staff were knowledgeable about the risks and the steps required to reduce them, for example, they knew which people needed to be repositioned in bed, how often and the methods needed used to help them move safely. A health care professional who visited the home regularly told us that staff were quick to identify risks, obtain specialist advice where appropriate and follow guidance properly to reduce the risks and deliver safe and effective care.

Good

Is the service effective?

Our findings

People told us they were looked after by competent and experienced staff who had been well trained and knew how to look them properly in a way that met their individual needs. One person said, "They [staff] are very, very good. They definitely know how to look after us." A relative commented, "The staff here are excellent. They are all very experienced and certainly know what they are doing, particularly as they know everybody so well."

New staff members had completed a structured induction programme before being allowed to work unsupervised. Training had been provided and kept up to date in areas such as safeguarding vulnerable people, dementia care, infection control, fire safety and safe moving and handling methods. One staff member told us, "The training is very good and the manager makes sure everybody is kept up to date. Training requirements are discussed at staff meetings and during supervisions." We found that staff had regular meetings with the manager to review and discuss performance and development issues.

People told us, and our observations confirmed, that staff explained what was happening and obtained their consent before they provided day to day care and support. One person said, "They [staff] are good like that, always ask before doing anything and never just assume or get on with it." Staff had received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. One staff member commented, "It's most important to know people really well to then understand how they communicate what they want and how they like things done."

We found that where 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions were in place, these had involved and been agreed by the people concerned and, where appropriate, their family members.

People were very positive and complimentary about the standard, choice and quality of food provided at the home. One person said, "I get some lovely food. It's really good." Another person told us, "'We have good meals, plenty of vegetables." We saw that the chef took time to visit people in communal areas and in their bedrooms to talk about menu options and their preferences. They were very knowledgeable about people's dietary needs and requirements together with their individual likes and dislikes. For example, they were able to tell us who preferred a sauce with fish meals and who liked sandwiches made with white bread and no crusts.

We observed the lunchtime meal served in a communal dining room and saw that the menu choices consisted of fish, meatball and sausage dishes with alternatives offered for people who wanted something different, such as soup, sandwiches or omelettes. The food was freshly prepared in the kitchen and was hot when served. A relative commented, "The meals are wonderful here, really tasty and homemade." We saw that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that best suited people's individual needs and personal circumstances.

We found that people at risk of not eating enough had been provided with supplementary drinks and fortified food appropriate to their needs. Advice, guidance and support had been obtained where necessary from health care specialists and measures put in place to monitor and reduce the risks and ensure that people enjoyed a healthy balanced diet.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One person said, "I am well looked after and well treated." Another person told us, "The staff are good, they look after us."

We found that staff were very knowledgeable about the health, support and care needs of the people they looked after. For example, one staff member who was the key worker for a particular person was able to tell us in detail about their medicines, personal care requirements, dietary needs and health conditions. A relative commented, "I have every confidence that they were doing the best they can. They [staff] are wonderful. I couldn't have picked a better home."

We saw that appropriate referrals were made to health and social care specialists when needed and there were regular visits from dieticians, opticians and chiropodists. One person told us they had seen a physiotherapist who had assessed them for a new chair for their bedroom. A healthcare professional with experience of the home and

Good

Is the service effective?

some of the people who lived there commented, “I have no concerns here, people are well looked after. Staff know people really well, how to look after them and what their needs are. They are quick to call if there are any problems and follow our guidance to the letter. Risks to people’s health are well managed.” This helped to ensure that people received safe and effective care appropriate to their individual needs.

Good

Is the service caring?

Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and preferences. One person said, "They [staff] are all very nice, they're helpful to us, they help us all over." Another person told us, "This place is good for me, very good indeed. It's all very friendly. Nothing to worry about. The staff are kind and caring."

Staff had developed positive and caring relationships with the people they looked after. They provided help and assistance when required in a patient, calm and reassuring way that best suited people's individual needs. Staff were knowledgeable about the people they cared for, knew them all by name and were familiar with their friends and family members who visited. Friends and relatives told us there were no restrictions as to when they visited and that they were always made to feel welcome. A relative of one person told us, "My [family member] regards this place as home and is very, very happy to be here." Another person's relative said, "They [staff] seem always very kind. I can't fault any of them."

We saw a number of positive interactions between staff and the people they looked after. For example, we saw a staff member quickly go to a person's assistance when they had a coughing fit. They gently rubbed their back, calmed them down with kind words of reassurance and supported them to slowly drink water from a glass. Another staff member helped a person to smooth down their hair after it had become ruffled and out of place from leaning back in a chair. One visitor at the home during our inspection commented, "Staff seem to know the residents and the visitors that come in as well."

We saw that information about local advocacy services had been made available for people who wished to obtain independent advice or guidance. Photographs of staff with names, roles and key worker details were displayed in a communal area together with useful information and guidance for visitors about the home and services available. The confidentiality of information held about people's medical and personal histories was sufficiently maintained across the home. We found that personal information connected with people's care and support was kept securely in locked cupboards.

However, we did find that some confidential records, which contained non-attributable information about prescriptions ordered from a local pharmacy, had been placed in a bin next to the medicine store cabinets in the dining room frequented by residents and visitors. The manager agreed that the records should have been disposed of in a confidential way and agreed to include the matter in the review of medicines storage arrangements mentioned previously.

People and their relatives told us they had been involved in the planning, delivery and review of the care and support provided. One person told us that they reviewed care plans with their key worker and then signed to show they agreed with what had been discussed and put in place, "Its [care plans] always reviewed every few months." A relative explained that they had been involved in the planning and review of their family member's care on a regular basis or as required. Another relative told us, "They [staff] are very good at phoning up if they need to discuss [family member's] care."

We found that personal care and support was provided in a way that promoted people's dignity and respected their privacy. For example, we saw that staff knocked on doors, asked for permission and waited for a reply before entering people's bedrooms. Staff members used people's preferred names and assisted them a calm, patient and considerate way that upheld and maintained their dignity at all times. One staff member told us, "I treat the residents like older relatives in my own family, always with the highest respect." A person's relative commented, "I have found all of the staff here to be very respectful. They are kind and respect people like individuals."

Requires improvement

Is the service responsive?

Our findings

People and their relatives expressed mixed views about the opportunities available, both at the home and in the local community, to pursue social interests or take part in meaningful activities relevant to individual needs. Some people told us that they would like to go out more but could only do so if supported by family or friends. They explained that they had been on some trips out over the years, for example to the theatre and shopping, but these had been few and far between. One person told us they enjoyed gardening and had helped the gardener with hanging baskets. Another person told us they liked to sew and embroider but were no longer able to because of a health condition so instead they just "Sat and watched everybody."

An activities coordinator worked at the home only on Mondays and Fridays. An entertainer and music therapist attended the home every other week. We were told that care staff were responsible for organising activities at all other times by following a schedule prepared by the coordinator based on a two weekly rolling programme. This included bingo, games, exercise sessions and foot spas. However, most of the staff on duty during our inspection did not know what activities should have been provided that day and the schedule displayed in the communal lounge was a month out of date. We saw that information about group and individual activities provided had not been completed since the coordinator was last on duty.

We did not see any meaningful activities provided during our inspection, other than one person who enjoyed laying the dining room tables in preparation for mealtimes. We saw they were supported to carry out that task in an appropriate and safe way. Most people either watched TV, read in the conservatory area or stayed in their bedrooms. One person described the activities provided as 'eating and sleeping.' Staff felt that a full-time activity coordinator was required as it was difficult to provide both care and activities at the same time. One person told us, "They [staff] run out of ideas and you can tell they have not been trained [to provide activities]." A person's relative commented, "Staff do try hard but the activities are very 'hit and miss', some days OK, others not so."

It was a warm, dry and pleasant day when we visited but, with the exception of person who smoked, we did not see any people being supported to access or use the garden.

We did note however, that most of the garden furniture was stacked up, dirty and covered in bird excrement and therefore, neither readily available or suitable for use. Both the provider and manager agreed that improvements were needed in this area in order to ensure that activities were developed, organised and tailored to people's needs.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that bedrooms used by most people had been personalised with decorations, family photographs, flowers, furniture and ornaments of their choice. People and their relatives told us they had been able to contribute to and share their views about how care and support was provided. Those people who wanted to were allowed and supported to smoke outside and to keep alcoholic drinks in their bedrooms for their own consumption. People told us that they were free to choose when to get up in the morning, how they wanted to be supported and have personal care delivered, how they spent their day and when they went to bed.

Staff had an in-depth knowledge about how people wanted to be supported and cared for in terms of their likes, dislikes and personal preferences. This information was reflected in the guidance provided to staff, prepared with the help and involvement of the people concerned and family members, and used in practice to deliver person centred care. For example, one person said, "They [staff] know and understand how I like things done. They do things my way." A member of staff told them they had made a cup of coffee just the way they liked it, "Your coffee's on its way. I've put the milk on." We saw the manager ask a staff member to attend to a person in their bedroom, reminding them that they did not like to be left on their own for too long.

Care and support was delivered in a way that was responsive to and met people's individual health and support needs. This included where risks had been identified in areas such as pressure care, mobility and nutrition. A healthcare professional who visited the home on a regular basis told us that people received care that took full account of their changing needs and identified risks to their physical health and well-being. A relative commented, "They [staff] know how to meet [family member's] health needs and pull out all the stops to do just that."

Requires improvement

Is the service responsive?

People and their relatives told us that the manager and staff listened to them and responded to any complaints or concerns they had in a positive and timely way. One person said, "I know who I would go to [if I had any complaints], I'd go to my key worker or the manager." We saw that information and guidance about how to make a complaint had been provided and displayed prominently at the home. Another person told us, "If something goes wrong then you talk to them [staff] and you can possibly get a go at sorting it out together." A relative told us that they found the manager to be very approachable and open to suggestions or discussions about concerns or problems they had encountered. We saw that where complaints had been made the issues raised were recorded, investigated and resolved to the satisfaction of all parties.

Meetings were held at the home to provide an opportunity for people and their relatives to give feedback and share their experiences about the services provided. People told us these had been infrequent and some relatives commented that minutes and information about matters discussed had not been circulated. We saw that issues raised at a meeting held shortly before our inspection had been actioned and responded to in a positive way. For example, a relative commented that portable heaters were routinely left on in the conservatory irrespective of the weather and temperature which often created an uncomfortable environment. The manager issued a reminder to staff that heaters were only to be used in the conservatory when necessary or required and not as a matter of routine.

Quality assessment survey questionnaires were also sent out to people who lived at the home and their relatives as a means to obtain feedback about all aspects of the services provided. We looked at a random selection of the responses provided and found the vast majority to be very positive and complimentary. This meant that both the provider and manager actively encouraged and welcomed feedback and listened to what people had to say in order to learn and improve upon the services provided.

Requires improvement

Is the service well-led?

Our findings

The provider had put measures in place to quality assure all aspects of the service, monitor performance and to hold the manager and their team to account. Areas for improvement were identified from the responses provided to survey questionnaires and used by the manager to develop action plans that were monitored and reviewed by the provider on a regular basis. For example, we saw that issues raised in connection with worn carpets and laundry arrangements were actioned by the manager while progress and outcomes were monitored and reviewed by the provider to ensure they were completed.

Measures were also in place to identify, monitor and reduce risks at the home. These included monthly audits and checks carried out in relation to care plans, risk assessments, accidents, incidents, medicines, complaints, staff and training issues, maintenance and cleaning schedules. The outcomes, progress and actions arising from these checks were collated by the manager and reported to the provider for their information and further action as considered necessary.

However, we found that some of the measures put in place to reduce risks and drive improvement were not as effective as they could have been. For example, the manager carried out a number of checks that had failed to identify the potential safety hazards we identified in the grounds, shortfalls in the recruitment processes used and the inadequate provision of meaningful activities designed to meet people's individual needs and personal circumstances.

People, their relatives and staff were very positive about the management of the home and the strong and visible leadership demonstrated by both the provider and manager . A relative of one person told us that the manager was very approachable and always found the time to talk with them and discuss any issues or concerns they had. One person said, "[The provider] is a great friend of mine, they always looks after me. The manager is here most of the time." A relative of one person said, "My [family member] chats to the manager every day, they are lovely. There is a good continuity of staff who know visitors by name."

Staff members told us that they were very well supported by the manager and provider and knew what their roles and responsibilities were. They described the manager as being 'firm but fair' and told us that the provider visited the home at least two or three times each week. During our inspection we saw that both the manager and provider had developed positive relationships with residents and staff who they clearly knew very well.

Staff had a clear understanding of the provider's values and how the home should be run. One staff member told us, "The [provider] is very clear that this is people's home and that's how it should be run, we are here for them." Another staff member said, "I love working here. It's a very friendly, 'homely' home, that is what the manager, [provider] and all of us try to create."

Staff were supported to obtain additional skills where appropriate as part of their personal and professional development. Lead roles were identified and individual staff members were given the opportunity to become 'champions' in areas such as nutrition, falls, health care and wound management. The provider developed strong links with reputable social care support organisations to compliment and enable these and other development opportunities for both staff and the service as a whole.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 9 HSCA (RA) Regulations 2014 Person-centred care Person centred care How the regulation was not being met: The registered person did not take proper steps to ensure that people were given sufficient opportunities to help and support them to pursue meaningful and relevant social activities and interests at the home or in the local community.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment. How the regulation was not being met: The registered person did not take proper steps to ensure that premises used by the provider were safe to use for their intended purpose and were used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Fit and proper persons employed How the regulation was not being met: The registered person did not take proper steps to ensure that recruitment procedures were operated effectively to ensure that all persons employed satisfied relevant conditions of the Regulations and that information specified in Schedule 3 was obtained and made available in all cases.

This section is primarily information for the provider

Enforcement actions

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