

Akari Care Limited

# St Marks Court

## 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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected St Mark's Court on 3 August 2017. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. We also visited the service on 4 September 2017, to seek information about the actions the new manager had been taking since taking up post two weeks earlier.

We last inspected the service on 6 May 2015 and found the service was meeting our expectations. We rated St Mark's Court as 'Good' overall and all in five domains.

St Marks Court is a care home which provides nursing and residential care for up to 60 people. Care is primarily provided for older people, some of whom have dementia. At the time of this inspection 42 people were in receipt of care from the service.

The home has not had a registered manager since June 2017. 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. The provider had recruited a person to be the registered manager and they started working at the service in the middle of August 2017.

During our observations of care within the service, we identified concerns related to how people were supported with their mobility. Staff needed to ensure that they adopted the correct moving and handling techniques. Moving and handling equipment needed to be appropriate for each individual and stored appropriately. We raised concerns around specific practices and the quality manager informed us they would review this and submit safeguarding alerts immediately. We observed that equipment such as slings were stored in a pile on the floor, which was unhygienic. Also equipment such as wheelchairs were identified by numbers rather than the person's name so it was difficult for staff to find the item for the individual who had been assessed to use it.

Accidents and incidents were monitored but we found improvements were needed around how the information was analysed and used to assess risks of falls and injury. We found that the provider was changing the systems they used for monitoring the service and in the transition period the systems in place had not picked up the issues we identified.

Safeguarding and whistleblowing procedures were in place. Staff reported concerns but needed to take ownership for reporting matters to the local safeguarding team. They also needed to ensure recommendations made by safeguarding teams were implemented, such as making sure people were supported to change their position in chairs regularly throughout the day.

A complaints process was in place and any concerns were investigated by the regional manager or the

quality compliance team. However people told us that at times when they raised issues they received no feedback and action was not taken to rectify their concerns.

People's care records were cumbersome, extremely difficult to navigate and we often found it difficult to get a sense of the person's needs. The lack of a detailed written assessment had contributed to the difficulties around developing the care records as an effective working tool. Staff needed to improve the accuracy of their recording when monitoring peoples' fluid intake.

People told us they felt the care staff did a good job. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

We found a range of activities were available on the ground floor which people from elsewhere in the service accessed. When we visited a pet therapy session was taking place with a pony and the staff had been breeding chickens. The chickens were kept in the bar area of the home, which was away from the main areas of the service. They were reaching maturity so needed to be moved outside and despite staff best efforts, such as ensuring they were cleaned daily they were malodourous and this meant people were not accessing this area. There was a risk assessment in place, which highlighted and mitigated any risks around existing chest conditions were exacerbated by exposure to chicken feathers and the associated dust.

People we spoke with told us they felt safe in the home and that staff made sure they were kept safe. Staff respected people's privacy and dignity.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment and good governance. You can see what action we told the registered 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?

The service was not always safe.

Staff needed to ensure that they used the correct moving and handling techniques. Moving and handling equipment needed to be appropriate for each individual and stored properly.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns. However, the provider needed to ensure recommendations following safeguarding investigations were implemented.

Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People lived in a clean and well maintained home.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not completing refresher training in line with the provider's policies. Also where staff had received training such as moving and handling they were not applying the recommended techniques when working with people.

Staff were not always effectively monitoring that people received sufficient fluids.

Staff adhered to the requirements of the MCA but needed additional training around how to complete capacity assessments.

People received a nutritional diet and staff took action, when appropriate, to support people who experienced weight loss.

Staff worked closely with other healthcare professionals and ensured advice was sought when needed.

**Requires Improvement** ●

### Is the service caring?

The service remains good.

**Good** ●

### Is the service responsive?

The service was not always responsive.

New care plans had been written, which contained detailed information about the care people needed. However, these were overly complicated because peoples' needs were not comprehensively assessed prior to staff drawing up the care plans.

Activities were available for people to take part in.

There were opportunities for people to give their views about the home.

The complaints were saw were dealt with appropriately but we found this was not always the case.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The registered provider needed to ensure the systems for assessing and monitoring the performance of the service were effective.

Although the manager and deputy manager were taking action to improve the operation of the service further work was needed.

There was no registered manager in post.

**Requires Improvement** ●

# St Marks Court

## 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 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 unannounced inspection took place on 3 August and 4 September 2017.

The inspection team consisted of an inspector, a specialist advisor who was an occupational therapist and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for people living with dementia.

Prior to the inspection the provider submitted a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits and outlined their views.

During the visit we spoke with 11 people who used the service and six relatives. We also spoke with the manager, the quality manager, deputy manager, two nurses, nine care staff, the administrator, the cook, a domestic staff member, the maintenance person and the activities coordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at seven people's care records, three recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

People who were identified to be at risk, had plans of care in place such as plans for ensuring action was taken to safely assist people to eat. However, the 'Client's General Risk Assessment' form contained only basic information and only listed four specific areas, with one section for 'other' risks. The four areas were: walking, sitting, eating and drinking, and bed. There was no specific mention of areas such as using moving and handling techniques, community access, skin integrity, medication, behaviour, communication and supervision. We accepted that a new care record template was being designed. However, action was needed to ensure the current records were organised so immediate risks such as choking and falls were not lost amongst the paperwork and this led to staff not readily identifying the issue.

Despite a safeguarding alert being previously raised about a person sitting all day in their wheelchair we found that no action was taken to ensure they had suitable pressure relieving equipment or support to make regular positional changes. We saw that a number of other people sat in their wheelchairs in the same position, without any positional aides, for the full five hours we were observing practices. From a review of the people's care records we found individuals were at risk of developing pressure ulcers and concerns about this practice had previously been raised as safeguarding concerns. We discussed this with the quality manager who confirmed immediate action would be taken and safeguarding alerts would be raised with the local authority.

We found that staff were using inappropriate moving and handling techniques on the top and ground floor. We had observed staff placing their hands on people's upper arms when supporting them to rise from chairs, drag lifting people and supporting people with under arm lifts as they walked. Also staff needed to ensure people were re-assessed for moving and handling equipment. For example, we saw that one person needed staff to take their full body weight when using a standing aide and one person was seen to be at risk of falling when walking. We found staff either did not know what equipment was needed or they didn't use it appropriately. For example, one person was seen to be using a stand aide but during the process had needed to attend to their personal care. Staff sat them back down and removed the stand aide and then without the use of any equipment took them to get changed. We discussed this with the quality manager who confirmed immediate action would be taken and safeguarding alerts would be raised with the local authority.

Staff needed to ensure moving and handling equipment was stored appropriately and named for the individual who had been assessed to use it. We saw the equipment was stored in a haphazard manner, wheelchairs were not labelled regarding who they were for, some equipment was stored in stair-wells, and we saw that a shower room on the first floor was being used to store some items in a dis-organised and unhygienic manner. We raised the importance of not leaving all of the slings on the floor or adjacent to soiled items, as this created risks around the safe management of infection control. When we visited on the second day staff had taken action to address these issues and items were labelled and stored appropriately.

We observed that staff needed to ensure people who remained in their rooms could always reach the nurse call alarms and if they could not use them. We observed that for some people call alarms were accessible

but for people who remained in bed all day the call alarms had either dropped behind the bed or the person found them difficult to use. We discussed with the deputy manager alternative call alarms and they agreed to source and install accessible call alarm equipment. The deputy manager and quality manager took on board our feedback and when we revisited we found that work had commenced to address these concerns.

We found the provider needed to ensure accident analysis covered the broader picture for people so reasons as to why someone was experiencing an increase in falls at specific times was reviewed and so that consideration could be given to providing additional aides such as pressure mats and extra staff support.

This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were generally satisfied with the service. One person said, "Staff are really nice and I can't fault them." Another person told us, "I feel safe here the staff always put my buzzer next to me in case I need them." Another person said, "Now and again staff don't turn up for work but although a nuisance I don't think they could do anything about it." Another person said, "It's ok, some staff are better than others, but overall they are very good." A relative told us, "[Name of person] has been here for four and half years. The staff do a good job but are busy."

Staff understood what actions they would need to take if they had any safeguarding concerns. Safeguarding and whistleblowing policies were in place. However, we found that the provider did not always notify us when safeguarding concerns had been raised. We are dealing with this issue outside of the inspection process.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions. The deputy manager showed us information which confirmed checks from the Nursing and Midwifery Council (NMC) for qualified nurses were up to date.

The service occasionally used agency nurses and care staff but had not needed to do so for over a month. However, we found no monitoring checks were completed by the provider to check that agency nurses remained registered with the Nursing Midwifery Council, or to see that people had the right to work in the United Kingdom and had completed appropriate training. We discussed this with the new manager and deputy manager who immediately altered their processes to ensure that on each occasion agency staff were to be used, these checks were completed.

We saw evidence of Personal Emergency Evacuation Plans (PEEPs) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Records of the administration of people's medicines were stored electronically. Staff used a hand-held electronic device to monitor all aspects of people's medicines including ordering, administration and disposal. The device showed when people next needed their medicines. The staff on duty were familiar with people's needs and their medicine routines. We found the clinic area of the home to be clean and tidy. Fridge temperatures were taken every day which ensured medicines which were to be stored below room temperature were stored in a safe manner.

We found information about people's needs had been used to determine the number of care staff needed to



support people safely. We found that generally there were enough care staff to meet people's needs. For the 42 people who lived at the service there were two nurses and seven care staff during the day. Overnight there was a nurse and four care staff. In addition to this a manager and deputy manager were on duty during the week.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. These checks helped to protect the health and safety of the people using the service.

## Is the service effective?

### Our findings

Charts were used to document people's change of position and their food and hydration intake. However, a better system was needed for monitoring whether people were receiving adequate fluids and staff needed to ensure all fluid intake was recorded. We noted that this issue had been raised with staff on several occasions but was not being acted upon. This meant the provider was not doing all that was reasonably practicable to mitigate risks related to this element of people's care.

Staff also needed to outline in care records what positive steps were taken to ensure people were not becoming dehydrated and why they accepted the GP guidance requiring them not to contact the doctor until an individual was taking less than 700mls of fluids. We discussed this with the deputy manager they informed us that they contacted the GP and developed a more robust protocol. On the second day of our inspection we found that the new manager had introduced a system of staff reporting directly to them every day, the volume of fluids each person had consumed.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff we spoke with were able to list training that they had received over the last year such as moving and handling, food hygiene and safeguarding. However, we found that 20% of staff certified training such as first aid needed to be renewed and this was the same for refresher training. The deputy manager explained these certified courses had recently expired and the refresher training had just lapsed, which we confirmed. Also we observed that staff were not using the training they had received to inform their practice. For example, we observed that on several occasions staff did not use appropriate moving and handling techniques and this meant people did not always receive care safely. The deputy manager outlined the plan for ensuring this was addressed and in between our visits we found staff had been given access to courses such as moving and handling training.

This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff were motivated and made sure the service met their needs. One person said, "The staff are lovely, couldn't fault them one at all, they are respectful with me." Another person told us, "Lasses are all smashing, foods alright, it's canny. [Name of activities co-ordinator] is good but, there was another who'd take me out alone, he's gone now, I miss that, I feel lonely."

Relatives said, "They always let me know what is happening" and "They have an effective system here for serving meals, my dad is on a special diet and he still gets plenty of choice."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. The care records we reviewed contained assessments of the person's capacity to make decisions. When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external healthcare professionals and members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests.

We found that some staff struggled to consistently complete capacity assessments and 'best interests' forms. The deputy manager had recognised this gap and outlined that they were in the process of providing additional training. The plan was for staff to complete other relevant training such as how to apply the Mental Capacity Act 2005 principles, how to complete capacity assessments and record 'best interest decisions' in the next few months.

When new staff had been employed in the service the provider ensured they completed an induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff we spoke with during the inspection told us they received supervision sessions and an annual appraisal. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an annual appraisal and supervision sessions on a regular basis.

We saw evidence in care plans that staff contacted external healthcare professionals such as GPs, nurses and specialist doctors, when needed.

We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. People were seen by GPs and dieticians when concerns arose and attended regular appointments with these healthcare professionals. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We observed that people received appropriate assistance to eat in both the dining room and in their own rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

# Is the service caring?

## Our findings

The majority of people we spoke with felt they were well cared for and staff were respectful of their privacy and dignity. One person said "Staff are okay on the whole." Another person said, "It's a very nice home and I like most of the staff." Another person said, "They are very caring and I like living here" and another person said, "I am well looked after."

Relatives told us they thought the staff were very kind. One relative said, "I always find the staff are pleasant and they do seem to know people well."

The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

We found the staff were warm, friendly and very respectful. Staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

During the inspection we observed positive interactions between staff and people who used the service. Staff were also appropriately affectionate with people and people responded well to their interactions. We saw staff and people engaged in friendly banter throughout the visits.

We visited the service early in the morning and found that people were able to get up when they wanted. One staff member told us, "We only assist people to get dressed if they are clear about the fact they want to get up." We observed staff were kind and caring towards the people in their care. They made sure people were alright and had everything they needed. When staff spoke with people they were friendly and professional.

We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

At the time of our inspection people were receiving end of life care, when this was appropriate. Staff understood the actions they needed to take to ensure pain relief medicines were available and used in line with expected practice. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity. For people living with a dementia there was signage to help them navigate to their rooms and activities to support them to engage in meaningful occupation.

## Is the service responsive?

### Our findings

The quality manager told us that the provider was in the process of introducing a new set of care records. However, current records needed to be organised so immediate risks and changes in people's presenting needs were not lost amongst the paperwork, and assessment information contained detailed information about people's needs.

We found that moving and handling needs and relevant information was basic and not sufficiently detailed, with an over-reliance on an Akari document called 'Manual Handling Techniques' which was inserted into some, but not all the care plans referencing it. The document was 8 pages long, had small print with no diagrams, and contained information that was ambiguous.

We found that the assessment information needed to be reviewed to ensure it contained current information about people's needs. For example a person who had a plan written by a speech and language therapist (SALT) did not have a corresponding care plan in place. Also pertinent information about people's social lives needed to be included such as whether an individual's spouse was alive and who staff should contact. We discussed with the quality manager, new manager and deputy manager who acknowledged these gaps and assured us the provider was taking action to improve records.

The service used a pro-forma care-plan template for a person's needs following a DoLS authorisation, which was a mixture of general guidance and procedural information rather than a person-centred care plan. It was ambiguous in nature and attributed a person's inability to decide where they lived as being due to their short-term memory loss, which would not be the case for all of the people who used the service.

The personal information for each individual was quite varied and not consistently presented. For example, one person had a laminated 'pen-picture' whilst others did not. Also some care plans were written in the first person singular ('I') but had not been signed or written by the person concerned, which was misleading.

We discussed with the manager and deputy manager how the assessments could be enhanced. The provider only supplied a very limited record for staff to record their full assessment of a person following admission. Other documents they relied upon were tick box assessment forms, which did not allow staff to describe how the person was impacted by their condition. The lack of a full assessment meant crucial information about people's past experiences and risk history was unavailable. The lack of full assessment had led staff to using care plans as the assessment information, which meant that copious care plans were generated. The use of care plans in this manner meant the person's priority needs were lost and staff would find it difficult to readily identify when care records were updated. The manager told us this was an issue they had identified and aimed to address with the introduction of the new care records.

We discussed the need to ensure a more comprehensive assessment was completed. The manager and deputy manager accepted this was a gap and agreed to take action to develop an appropriate tool.

We looked at the complaints procedure and saw it informed people how and who to make a complaint to

and gave people timescales for action. Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. However, we heard from relatives that when they had raised concerns previously, they felt these had been investigated but they had not received any written feedback. We saw these concerns were not detailed in the complaints log so could not establish if they had been investigated. The deputy manager could detail the action that had been taken and how a resolution had been reached but accepted this was not appropriately documented.

This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

People and relatives told us that the activities coordinator was good at their job and really brought the home to life. People said, "[Name of activities coordinator] is great and always thinking up things for us to do." Another person told us, "I've settled in well here, I love it. And I've become good friends with [name of person]. There's a good few of us will sit together and have a good chat."

We found people were engaged in meaningful occupation and the activity coordinator had tailored the programme of activity to stimulate each person and entertain individuals. The activities coordinator was very enthusiastic and we saw they organised group events downstairs, which people from across the unit joined, plus activities for individuals such as going for walks out. All the people we spoke with were very enthused by the activities that were on offer.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

## Is the service well-led?

### Our findings

Although the provider had introduced a new computerised system [Care Block] into the service, the deputy manager and manager were still in the process of imputing information on to this system. They had ceased completing many of the paper-based audits and were transposing information onto Care Block. However, this meant during this period of transition the provider could not be assured that oversight of the service remained robust.

We found the quality assurance procedures in place lacked 'rigour'. For instance, the tool the provider had supplied for monitoring accidents and incidents did not assist staff to look at wider issues than a fall, so they were not considering if there were patterns or trends. We found the quality monitoring systems had not picked up that measures were not in place to ensure agency staff were appropriately vetted or that care records were accurate.

The provider had not identified that staff were not adhering to approved moving and handling techniques or following recommendations from safeguarding investigations. Also they could not be assured that all concerns were identified as their own governance system had not picked these issues up.

In addition, the provider and staff had not notified us appropriately about incidents and events at the service. We found that we were alerted to safeguarding concerns by the local authority safeguarding team and not the service. We discussed this with the deputy manager and found there was an increase in reporting but we received no notifications about the safeguarding alert raised following our visit. We are dealing with this matter outside of the inspection process.

The provider's quality assurance system had failed to identify the breaches of regulation and other shortfalls that we found at our inspection. The quality manager and manager recognised more work was needed to secure and sustain improvement in the operation of the service.

This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager left the service in June 2017. A new manager took up post at the end of August 2017 and told us they would be applying to become the registered manager. Staff provided positive feedback about the new manager. One person told us, "[Manager] is very good and does listen to you."

We looked at how the registered provider monitored and checked medicines to make sure they were being handled properly and that systems were safe. The deputy manager explained they completed monthly audits, which had highlighted any areas for improvements. They then developed an action plan, which we found addressed the issues.

The service had monitoring visits from the regional manager and quality manager who reported their findings to the provider. The provider had developed quality assurance questionnaires which had been

made available to people using the service and visiting professionals.

The manager was in the process of setting up meetings with all the staff so they could give their views about the service. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was person centred.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not provided in ways that ensured risks were identified and managed.  Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured the systems and processes in place to oversee the service were effective.  Regulation 17 (1)