

Steps Rehabilitation Limited

STEPS Neurological and Trauma Rehabilitation Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 May 2018 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

STEPS Neurological and Trauma Rehabilitation Centre is a registered care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were inspected during this inspection. The service is a specialist neurological and complex trauma rehabilitation for traumatic and acquired brain injury including stroke, amputee rehabilitation, complex orthopaedic injuries and other neurological conditions including Parkinson's disease and Multiple Sclerosis. STEPS also provide post-operative convalescence and active respite for people living with long-term conditions. The service has specialist facilities such as a hydrotherapy pool. The service can provide accommodation for up to 23 people. At the time of the inspection, eight people were using the service.

The manager had registered with the Care Quality Commission. 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.

During the inspection, we found some concerns about the care planning software being used at the service as relevant care planning documentation was not located within the system. The nominated individual told us improvements to the software had been identified by senior management and the developer was being asked to make these improvements as a matter of urgency.

Staff underwent an induction and shadowing period prior to commencing work. We saw that care staff had undertaken an introduction to the Rehabilitation Competency Framework. However, staff training records showed some staff had not completed relevant training so they had the appropriate skills.

Systems were in place for the registered provider to respond to safeguarding concerns, accidents and incidents so correct procedures were followed to maintain people's safety and learn from these where things had gone wrong. Relatives we spoke with did not have any worries or concerns about their family member's safety and felt they were in a safe place.

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

We saw there were sufficient staff with the right mix of skills to provide support to people who used the service.

There were recruitment procedures in place to help keep people safe.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

The service was clean. Throughout the inspection, there was a buoyant and caring atmosphere at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw assisted technology was used effectively to assist people to be involved in their care planning and pursue their independence.

Relatives we spoke with made positive comments about the care their family member had received and about the staff who worked at the service.

We saw that a range of therapy was provided to people who used the service. For example, physiotherapy, neuropsychology, psychological art therapies, hydrotherapy, acupuncture, occupational therapy and psychological therapies. This support empowered people to facilitate recovery and overcome barriers to do activities that matter to them.

People were supported with their health and dietary needs, where this was part of their plan of care. We received positive comments about the quality of food provided at the service.

We saw that people were at ease and confident with staff. Staff were respectful and treated people in a caring and supportive way. It was clear from our discussions with staff that they enjoyed working at the service.

People's concerns and complaints are used as an opportunity to learn and drive continuous improvement.

The service had a quality assurance system, and records showed that identified problems and opportunities to change things for the better were addressed promptly.

The registered provider actively sought out the views of people and their representatives to continuously improve the service.

We saw the leadership and culture of the service promoted the delivery of high quality care. The service defined the quality of the service from the perspective of the people who used it. We saw that kindness, respect, compassion, dignity in care and empowerment were the key principles of the service.

We found one breach of the regulations of the Health and Social Care Act 2008. 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?

Good 

The service was safe.

We saw there were sufficient staff to provide support to people who used the service.

We found there were arrangements in place to ensure people received medicines at the right time.

People's risks were assessed and their safety monitored and managed.

The registered provider had a process in place to respond to and record safeguarding concerns.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff training records showed that some staff had not completed relevant training.

People's individual needs were met by the adaptation and design of the premises.

People were supported to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion in their day to day support.

People were treated with dignity and respect.

Positive relationships had been formed between people who used the service and the staff.

People are supported to express their views and be actively

involved in making decisions about their care, support and treatment as far as possible.

Is the service responsive?

Good ●

The service was responsive

The service made sure each person's care plan reflected the person's physical, mental, emotional and social needs.

People were supported to follow their interests and take part in activities that were socially and culturally relevant to them.

Complaints were handled effectively.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The system in place to ensure staff completed all relevant training was ineffective in practice.

We found some concerns about the care planning software being used at the service.

The service had a clear vision and set of values that included a person centred culture and this was effectively embedded into practice.

The registered provider actively sought out the views of people and their representatives to continuously improve the service.

STEPS Neurological and Trauma Rehabilitation Centre

Detailed findings

Background to this inspection

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

This inspection took place on 30 May 2018 and was unannounced. The membership of the inspection team was one adult social care inspector and a specialist advisor. The specialist advisor was a registered nurse who was experienced in the care of people with complex needs.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from Commissioners 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. This information was reviewed and used to assist with our inspection.

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

We used a number of different methods to help us understand the experiences of people who used the

service. We spent time observing the daily life in the service including the care and support being delivered. We were not able to speak with some people who used the service because we were unable to communicate verbally with them in a meaningful way. One person shared their experience of using the service and we spoke with two relatives. Two relatives contacted us after the inspection to share their views. We also spoke with the registered manager, two founding directors including the nominated individual, two nurses, one assistant psychologist, two rehabilitation assistants, the chef and the head chef. We looked around different areas of the service, the communal areas, the kitchen, bathrooms, toilets and some people's rooms. We examined a range of records including the following: three people's care records, six people's medication administration records, three staff files and records relating to the management of the service such as clinical governance meeting records.

Is the service safe?

Our findings

Relatives we spoke with did not have any worries or concerns about their family member's safety and felt they were in a safe place.

The registered provider had a process in place to respond to and record safeguarding concerns. Care staff we spoke with were aware of how to raise any safeguarding concerns and they were confident the senior staff in the service would listen and act on it.

The registered manager told us the service was not supporting any person with the management of monies, but this support could be provided if required.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person.

The service had a process in place for staff to record accidents and untoward occurrences. Incidents were monitored by the registered manager to identify any trends and prevent recurrences where possible. These records were also reviewed at the service's clinical governance meetings by senior management.

During the inspection, we observed staff following safe moving and handling procedures whilst supporting people who used the service. One person we spoke with told us they felt safe whilst they were being supported with physiotherapy. We observed staff supporting the person during physiotherapy and we saw staff were attentive and regularly checked the person's wellbeing.

A fire risk assessment had been completed at the service in July 2017. The registered manager told us each person who used the service had a personal emergency evacuation plan in place. The registered manager told us they were arranging for a fire drill to be completed at the service shortly so the staff team would be aware of how to evacuate the building. These evacuations would be practiced on a regularly basis as stated in the STEPS rehabilitation risks and incident log.

We saw evidence in the STEPS rehabilitation risks and incident log that the risks associated with the hydrotherapy pool had been identified. The log also contained details of the mitigating action that was in place to minimise those risks. For example, regular checks were completed daily by appropriately trained staff prior to anyone entering the pool. Clinical staff undertook hydrotherapy evacuation training as part of their induction.

The service used staffing rota software to plan each day's staff rota. We reviewed a sample of staff rotas; these showed there was a robust system in place to ensure there was sufficient staff deployed to meet people's need. One person described how quickly staff responded to their calls for assistance. They said, "Touch that buzzer and they [staff] are here in minutes, it has only taken longer when they have an emergency."

We looked at the procedures for recruiting staff. We checked three staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people. Whilst reviewing these records, we saw the system in place to check all relevant documentation had been obtained prior to a staff member's start date would benefit from being more robust. For example, we saw one staff member's start date was five days prior to their reference being received from their last employer and one day prior from a previous employer in care. We shared this information with the registered manager, the nominated individual and founding director. They assured us the system would be reviewed to ensure all the relevant documentation was obtained prior to a staff member's start date.

We reviewed the management of medicines at the service. People's medication was stored in their individual room in a locked cupboard unless it was a prescribed controlled drug. Some people who used the service had been assessed as being able to cognitively and physically able to manage their own medication and self-administer. Where medication was administered by a nurse, a medication chart was used to evidence administration of the medication. We reviewed six people's medication administration records (MAR). We saw most people's MAR charts were completed and contained no gaps in signatures for the administration of medicines. We spoke with the registered manager about the 'gaps' we identified in two people's administration records. They told us they had identified these gaps and taken action regarding these shortfalls. They had spoken with the relevant staff and further guidance had been provided.

Some people who used the service were prescribed controlled drugs. These are medications which are subject to regulation and separate recording. We checked the controlled drugs book and found that these medications were recorded correctly and that the medication in stock corresponded with that recorded in the book. We saw the temperature of the medicines fridge and storage room were checked by staff. We noted a few gaps in the fridge temperature records and saw two items being stored in the fridge required disposal. We shared this information with the registered manager so appropriate action could be taken to arrange for their disposal.

In one person's care plan, we saw they were prescribed a medication to support them with their mental health wellbeing. We spoke with the assistant psychologist; they described how they had devised a chart to record the person's good and bad days. This chart would help staff measure the effectiveness of the medication.

During the inspection, we did not find any concerns about infection control. Housekeeping staff followed daily and monthly cleaning schedules. Regular checks were undertaken by the registered manager and housekeeper which showed any issues identified were acted upon. This showed procedures were followed to control infection.

Is the service effective?

Our findings

Staff we spoke with felt well supported and staff could approach management at any time for informal discussions if needed. The service used a computerised supervision list to record the dates of individual staff's supervision meetings. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The registered manager told us staff were given an appraisal when they had worked at the service for a year. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. We saw there was a system in place to ensure permanent staff received supervision, but we saw the arrangements in place to ensure "as and when required" staff received appropriate support required improvement.

The service was in the process of introducing a staff training matrix. This would be used to identify when staff had completed training and when they required refresher training. We saw the induction of care staff included an introduction to the Rehabilitation Competency Framework. This induction included specialised training. For example, dysphagia and spinal injuries training. However, we saw the existing system had not ensured staff completed training in all the relevant areas. For example, staff had not received training in the Mental Capacity Act (2005), and the specific requirements of the DoLS. Some staff had not completed fire awareness training. We also saw that some of the staff employed by the service had not completed safeguarding training. For example, training records showed 21 permanent staff had not completed safeguarding training and 28 'as and when required' staff had not completed safeguarding training. This showed the systems in place had not ensured staff received appropriate training that is necessary for them to carry out the roles they are employed to perform.

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

STEPS is a purpose built Neurological and Trauma Rehabilitation Centre. The service has 23 bedrooms all with their own ensuite wet room, 18 of which have inset ceiling track hoists with removable motors for flexibility. Four of these bedrooms make up a transitional living unit with a shared open plan lounge and fully accessible kitchen. There is also an independent living apartment with accessible kitchen available to allow a trial of independent or assisted living before the person returned home. This enabled people to use the facilities within the service as a pathway to independent living.

The service had been designed so people were able to navigate independently or with support through the service. We also saw there were different surfaces in the garden area so people could explore how to adapt to travelling over these areas. For example, gravelled areas.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently

The aim of the service was to support people to transition from hospital to home after a life-changing event. The service carried out a pre-admission assessment with the person and important people in their lives. For

example, the person's advocate and/or relatives. This assessment was used to identify which package of care best met the individual's needs. One person we spoke with described how two members of staff visited them prior to admission. They told us they had been fully involved in making choices and decisions about their support. They were asked what they would like to achieve. For example, they wanted to live independently and to drive their car.

We received positive feedback about the quality of care provided at the service. One person we spoke with said, "I would recommend the service with capital letters," and "They are not carers, they are rehabilitation assistants." We also received positive feedback from relatives about the quality of care provided. Comments included, "Very high level of care," "They give [family member] the best care they can give," "This is a really special, wonderful place, I can't fault it" and "I cannot recommend the service highly enough."

During the inspection, we observed that staff knew people well and were able to provide the personalised care people required. We saw that a range of therapy was available within the service. For example, physiotherapy, neuropsychology, psychological art therapies, hydrotherapy, acupuncture and psychological therapies. We saw that people were promoted to be as independent as possible and consent was obtained for any care provided.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food. Preferences and dietary needs were being met. We spoke with the chef and head chef. They were aware of people's dietary and cultural needs and preferences so these could be respected. We saw there was a system in place to obtain people's menu choices. For example, staff would complete a STEPS breakfast menu form with the person. The person could choose to have their breakfast in the café, their room or another location. This told us that people's preferences and dietary needs were being met. One person we spoke with told us the quality of food provided at the service was better than a restaurant. The environment within the café area had been designed so it was accessible to everyone. We saw there was a lively atmosphere in the café area at lunchtime with staff, visitors and people who used the service eating together. We saw two people being supported to eat by staff. We saw they were comfortable and enjoying their meal.

The service held regular breakfast clubs at the service so people were given opportunity to cook for themselves. One person described how much they enjoyed the club and told us what they had cooked.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was aware of the need to and had submitted applications for people so that assessment and authorisation of any restrictions in place were in the best interests of the person. Care plans showed that important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

There was a welcoming atmosphere on our arrival at the service. We saw there was a range of information available in the reception and café area for people and relatives. This included a client information pack. The pack contained information about the service's values, admission criteria, packages of care and therapies.

During the inspection, we observed staff greeting visitors and people who used the service. We saw staff were attentive and mindful of people's wellbeing. People were addressed by their names and staff knew them well. One person we spoke with described the staff as "Smashing" and "Marvellous". They also described how supportive staff had been when they had become upset. We also received positive feedback from relatives about the staff at the service. One relative said, "All the staff are amazing, but some are more amazing than others." One relative described how the registered manager had stayed overnight with their family member when they started using the service and had to be admitted into hospital.

We reviewed the service's compliments. We saw people and relatives had made positive comments about the staff and the environment of the service. Comments included, "Thank you, for all your care, support and professionalism. You've all been truly amazing making this difficult period in our lives easier to cope with," "You are all stars, I don't want to single anyone out as each and every one of you did a perfect job," "I just want to thank everybody at STEPS for the help and encouragement during my stay. I feel that I've made a number of friends and want to keep in touch," "Words cannot describe how grateful I am, you have saved my life this is a magical place, my stay here has been exceptional which is down to the wonderful people you are" and "You have made [family member's] stay with you so very happy. You have been like a family to them and to us when we have visited."

During the inspection, we saw people responded well to staff in all areas of the service. People looked at ease and were confident with staff. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We observed staff encouraging one person using the new exercise bike to improve their leg muscles and overall fitness. We saw this was done in a way that reflected the person's age and that they really enjoyed the banter and they were seen smiling throughout the exercise, despite the effort they had to put into it.

We saw people were cared for by staff that were kind, patient and respectful. We saw people's privacy was promoted at the service. For example, the access to the hydrotherapy pool was restricted whilst it was being used so people's privacy was maintained.

It was clear from our discussions with staff that they enjoyed working at the service. One person we spoke with told us that all the staff wore the same uniform and you could ask anyone for help. They said, "All the staff wear the same T-shirt, it doesn't matter what they do, if you ask for help, you get the help you need."

We spoke with care staff about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe all aspects of the support people needed and wanted. They were

aware of people's history, interests and what was important to them. This showed staff knew the people they supported well.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. People's confidentiality was respected and personal information was kept securely. We noticed some MAR charts had been left out on one of the information desks. We brought this to the attention of the registered manager. She told us she would remind staff to store them appropriately.

The registered manager told us that one person who used the service had an advocate; they were fully involved in the person's care planning. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Is the service responsive?

Our findings

The service started admitting people in June 2017. We reviewed the compliments the service had received from people who had used the service and their relatives. Comments included, "To everyone at STEPS, a huge thank you for everything you did for my [family member], you helped them at a time when we thought all was lost," "[Family member] progress would not be at this stage without your dedication and knowledge," "Looking after me so well after my operation and for allowing me to recover sufficiently well to be able to cope with looking after [name] (and myself)" and "Your dedicated team have made a huge difference."

The registered manager told us the care planning software had been specially designed for the service. They told us improvements to the software had been identified by senior management and the developer was being asked to make these improvements.

We reviewed three people's care plans. We were unable to locate relevant care planning documentation within the care planning software. We asked the nursing staff where this was located on the system, but they were not able to locate it. The nursing staff we spoke with were able to provide details of people's plan of care. For example, details of one person's tracheostomy care plan. We noticed in one person's daily management records there were gaps in their four hourly checks. We spoke with the nursing staff; they were unable to provide an explanation. One nurse told us that any checks they completed they noted on the board in the person's room and in a notebook. They then entered these checks onto the person's management chart on the care planning software. Although, this had not negatively impacted on the person it is important that accurate records are maintained and any omissions are notified to senior staff and investigated. We shared this information with the registered manager, the nominated individual and founding director.

Following the inspection, the nominated individual sent us the relevant documentation. The explanation given was the information was not located within the notes on the care planning software, but on the computer's server. In response to our feedback, the registered manager arranged to provide further training of staff whilst the care planning software was updated. The nominated individual informed us that they had a meeting with the developer, so in future all the records relating to the person's care would be easy for staff to access when required. Regular checks would be undertaken to ensure people's daily management charts were being fully completed.

We saw accessible information and tools to aid communication were tailored to each person who used the service. For example, during the inspection we overheard staff speaking with a person whose first language was not English. We heard staff encouraging the person to express their needs using an iPad translator and a word chart provided by the person's family.

The service provided occupational therapy for people who used the service. This is practical support to empower people to facilitate recovery and overcome barriers to do activities that matter to them. This can be day to day task such as self-care, work or leisure. We found a range of leisure opportunities were provided

at the service. People could choose to participate in the breakfast group, baking group, art group and mindfulness group. One person described how much they enjoyed making a cake with staff at the baking group. There were also leisure opportunities available in the community. For example, climbing, horse riding, bowling and the cinema.

We saw that people were supported to maintain their own links within their community and to participate in family events. For example, on the day of the inspection one person was being supported by staff to visit their family. Another person who used the service was on holiday with their family. One person described how they were being supported to attend a meeting. One relative described how staff had supported their family member to attend the funeral of a person who was really important to their family member.

During the inspection, we noticed that the service's complaints process was not on display. We shared this information with the registered manager and they arranged for it to be displayed during the inspection. We reviewed the service's complaints log. We saw the service had established and operated an effective process to respond to concerns or complaints by people who used the service and representatives. The complaints log included the outcome and the lessons learned from the complaint. We reviewed the service's complaints process and saw it would benefit from having details of the relevant ombudsman people could contact if they were not satisfied with the outcome of a complaint. The person and relatives spoken with felt confident they could raise any concerns and they would be listened to.

Is the service well-led?

Our findings

We saw the leadership and culture of the service promoted the delivery of high quality care. The service defined the quality of the service from the perspective of the people who used it. We saw that kindness, respect, compassion, dignity in care and empowerment were the key principles of the service. We received positive comments from commissioners about the service.

During the inspection, we saw staff approaching the registered manager for guidance and advice. We received positive feedback about the registered manager from the relatives we spoke with and staff. One relative described the registered manager as 'their angel'. We saw the registered manager, the nominated individual and founding director greeting people warmly by name and spending time sharing conversations with them.

We saw there was a strong focus on continuous learning at all levels within the service. The registered manager provided examples of changes they had made to service delivery to improve people and their representative's experience.

We saw the training of staff had been designed around meeting the needs of people using the service. For example, staff were introduced to the Rehabilitation Competency Framework. However, we saw some relevant mandatory training had not been completed by some staff. This showed the system in place to provide and monitor staff training had been ineffective in practice. This had resulted in the service not meeting the requirement of the associated regulation. Following the inspection, the registered manager and nominated individual sent us a copy of the staff training matrix they were introducing to record and monitor staff training.

During the inspection, we were unable to locate relevant care planning documentation. The registered manager and nominated individual had both identified that the software being used by the service required improvement and this was being treated as a matter of urgency. The nominated individual informed us that they had a meeting with the developer, so in future all the records relating to the person's care would be easy for staff to access when required.

The registered manager made positive comments about the staff team. All the staff spoken with told us they enjoyed working at the service. One staff member described how rewarding it was seeing how people who used the service had progressed and eventually left the service. Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service. This helped to ensure that people received a good quality service at all times.

The service held regular clinical governance meetings at the service. The meeting included the review of key events such as incidents, complaints and safeguarding. The meetings also reviewed the performance of the service. For example, quality assurance audits. The meetings included a review of the action log and identified any items for escalation to the board. The registered manager also held regular senior staff team meetings, so any lessons learnt were shared with staff. This showed there were systems in place to ensure

managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve. The senior staff meetings also review the service's performance management, referrals and admissions. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

We saw the service regularly sought the views of people, their family and representatives during their rehabilitation. A comments post card was available in the communal areas of the service and box to post them in. The comments card asked people to comment on what the service had done well and what could have been done better and to rate their overall experience. It also asked whether they would recommend the service. The registered manager told us these were regularly collected, reviewed, and logged on the feedback spreadsheet. We saw the service had received 13 feedback forms and all the participants had rated the service as excellent.

There were planned and regular checks completed by the senior staff. We also saw audits were also completed by external organisations. For example, a health and safety audit had been completed in April 2018; this included an action log for the service to complete. These checks helped to identify any concerns so appropriate action can be taken to improve the quality of support provided.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had not ensured staff received appropriate support and training that is necessary to enable them to carry out the duties they are employed to perform.