Lily Care Ltd

Limefield Court Retirement Home

Inspection report

15 Limefield Road
Bury
Lancashire
BL9 5ET

Tel: 01617615164
Website: www.lilycare.com

Date of inspection visit:
04 July 2016

Date of publication:
03 August 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 4 July 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Limefield Court Retirement Home was last inspected by CQC on 12 February 2014 and was compliant with the regulations in force at that time.

Limefield Court Retirement Home provides care and accommodation for up to 32 elderly people. Nursing care is not provided at this location. On the day of our inspection there were 15 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service and staff, and described potential risks and the safeguards in place.

Appropriate health and safety checks had been carried out and the home was clean, spacious and suitable for the people who used the service. Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed.

Staff did not receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

The provider was not working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service were complimentary about the standard of care at Limefield Court Retirement Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Limefield Court Retirement Home and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People did not have any complaints about the service but were aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service. People told us the management were approachable and understanding.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Requires Improvement

The service was not effective.

Staff training was not up to date and staff did not receive regular supervisions and appraisals.

The provider was not working within the principles of the Mental Capacity Act 2005 (MCA).

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

Staff knew how to support people and understood people's individual needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into Limefield Court Retirement Home and care plans were written in a person centred way.

The home had a programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Limefield Court Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 July 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform 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 this information to inform our inspection.

During our inspection we spoke with three people who used the service and three family members. We also spoke with the provider, registered manager, three care workers and a visiting healthcare professional.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Limefield Court Retirement Home. They told us, "Very safe, he's well looked after" and "No concerns".

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service 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 and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, bank statements and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and provider and looked at staff rotas. We saw a minimum of four care staff were on duty in the morning, three in the afternoon and two in the evening. The provider told us absences were covered by their own permanent staff, and occasionally by staff from the provider's other home who had worked at Limefield Court Residential Home before. The provider told us agency staff had not been used for over two years. Staff, people who used the service and family members did not raise any concerns about staffing levels. This meant there were enough staff on duty to meet the needs of the people who used the service.

The home is a two storey building set in its own grounds. Accommodation was provided in 20 single and six double rooms, all but two of the bedrooms were en-suite. Each bedroom had a nurse call system, windows we saw were restricted and wardrobes were secured to walls to prevent accidents, and radiators were fitted with guards.

Entry to the premises was via a locked door and all visitors were required to sign in. Although the premises required some maintenance work, it was clean, spacious and suitable for the people who used the service. One of the bathrooms was in the process of being refurbished. A new bath had been installed but the room had not been re-painted at the time of our inspection visit. New flooring had been installed in the corridors and a new carpet had been put down in the lounge. The provider told us this was part of the ongoing refurbishment plan for the home.

We looked in the laundry and found it to be clean. People's laundry was stored in individual boxes on shelves above floor level. Appropriate personal protective equipment (PPE) was in place. Appropriate PPE, hand hygiene signs and liquid soap were available throughout the home and the provider had a system in place to monitor and audit infection control. This included hand hygiene, use of PPE, cleanliness of the environment, policies and staff training. We saw copies of these audits, which were up to date, and included

actions for any issues identified. For example, an odour had been identified in the carpet in one bedroom. This was remedied via regular shampooing. We saw an audit of the kitchen area had been undertaken in June 2016. This did not identify any issues. This meant people were protected from the risk of acquired infections.

The provider had a number of risk assessments in place to protect people who used the service, visitors and staff in the home. These included home security, lounges and communal areas, gardens and exterior areas, kitchen, laundry, dining room and people's living areas. All of the risk assessments were up to date and identified the hazard or risk, degree of risk, and the action taken to reduce the risk. For example, "External lighting has been replaced and in good order" and "Staff challenge visitors if not known to them".

People's care records also contained risk assessments. For example, risk of falls and moving and handling. These were reviewed monthly and updates recorded on action plans. For example, one person's moving and handling action plan stated, "Staff to ensure turning and movement charts are completed when [Name] is in bed. No other concerns regarding movement. Staff to continue to follow risk assessment and care plan." This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. The fire alarm system was checked every week, full fire drills were carried out regularly, firefighting equipment was checked annually, emergency lighting was checked monthly, and emergency exits were regularly checked. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service and had been updated on 7 February 2016. PEEPs described whether people were aware of the evacuation procedure, whether people could hear the fire alarm in their room and what assistance they required in the event of evacuation being necessary.

We saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and was up to date.

This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's 'Safeguarding adults and prevention of abuse policy', which described what abuse is, the indicators of abuse, what to do if abuse was suspected and how to report abuse. The provider and registered manager understood safeguarding procedures and requirements, and the majority of staff had received updated safeguarding training within the previous 12 months.

We looked at how accidents and incidents had been recorded. All accidents and incidents were recorded in the accidents report book. This recorded the name of the person involved, the person filling in the report, when and where the accident happened, details of the accident and whether it was RIDDOR reportable. RIDDOR is the reporting of injuries, diseases and dangerous occurrences 1995. Body maps were completed for people where there was an injury or bruise.

One person had a 'Skin exam' record in their care records. This was due to a bruise being identified on the

person's shin. The location of the bruise was drawn on a body map and staff were instructed to, "Watch [Name] closely to ensure risk of accidents are reduced and foot plates [on the wheelchair] are properly positioned."

We looked at the management of medicines and saw a copy of the provider's medication policy. This described the principles of the safe handling of medicines, roles and responsibilities, storage, administration and the procedures for staff to follow.

A risk assessment was completed to assess people's capacity to be able to administer and look after their own medicines. Administered medicines were recorded on medicine administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Staff were assessed via competency assessments for the administration of medicines. These checked the completion of documentation, including MARs, containers and blister packs, the dispensing of medicines and PRN, or as required, medicines. For example, one member of staff was assessed on 2 July 2016 and found to be competent in all areas and the record stated, "Had a good understanding of the medication."

People had PRN medicine protocols in place. For example, for the administration of paracetamol or other 'as required' medicines. These included he dosage, how often the dose could be repeated and circumstances for reporting back to the GP. People's MARs were colour coded and records were up to date, and initialled by the member of staff administering the medicine.

Medicines were stored in cabinets, which were locked and secured to the wall in the dining room. There was also a locked fridge contained medicines that required cold storage. Temperature checks were carried out to ensure medicines were stored at appropriate temperatures.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Requires Improvement

Is the service effective?

Our findings

People who lived at Limefield Court Retirement Home did not receive effective care and support as staff training was not up to date and staff did not receive regular supervisions and appraisals.

We looked at staff training records and saw a copy of the provider's training matrix. We found mandatory training for some members of staff was not up to date. Mandatory training is training that the provider thinks is necessary to support people safely. For example, according to staff files and the provider's training matrix some members of staff had not received training in moving and handling, infection control, mental capacity and food hygiene. Other training had been completed but some of it was out of date. For example, three members of staff had not received training in infection control and health and safety since 2011.

Staff had supervision agreements in place that were signed by the staff member and supervisor. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The supervision agreements stated staff would receive a supervision every two months. However, according to the 'Supervision tracker 2016' only five members of staff had received a supervision since February 2016 and five members of staff had not received a supervision in 2016 at all. From the staff records we looked at, we found one member of staff had not received a supervision since June 2014 and their most recent appraisal was January 2013. Another member of staff had not received a supervision since June 2015 and there was no record of an appraisal in their file.

We discussed the training and supervision of staff with the provider and registered manager who agreed this was an issue. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff completed an induction to the service, which included an introduction to the home, fire training checklist and policies and procedures. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

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

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

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 registered manager told us one application to deprive a person of their liberty had been authorised by the local authority however a

statutory notification had not been submitted to CQC for this authorisation. We discussed this with the provider who agreed to submit the notification as soon as possible and we received it shortly after the inspection visit. We saw a copy of the DoLS authorisation in the person's care records. Another DoLS application had been submitted to the local authority but had not been assessed at the time of the inspection visit.

The provider had an 'Assessing mental capacity staff guidance' policy. This described how staff could help people who used the service make decisions for themselves and how to carry out an assessment of capacity. People who used the service were provided with an information handout, which described mental capacity and what it means for the person. However, the staff training matrix showed that seven members of staff out of a total of 18 had not received training in MCA or DoLS, and a further member of staff had not received training since 2008.

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which meant if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The forms we saw were up to date and showed the person who used the service had been involved in the decision making process. However, one person had requested a DNACPR via their advanced care plan. We saw this had not been actioned. We discussed it with the provider and registered manager, who agreed to contact the person's GP as soon as possible.

Care records included completed 'Consent for residents' forms and included evidence that action had been taken to ensure relevant parties, such as family members, were involved in making best interest decisions. However, records relating to people's mental capacity were unclear as to what decisions they related to. For example, we saw one person's pre-admission assessment stated, "Does not have capacity" but did not specify what the person did not have the capacity for. The person's care plan stated the person had a diagnosis of dementia but, "Is still able to make certain choices about everyday living tasks such as meal choices, when they want to get up or go to bed." However, a mental capacity assessment completed for the person on 18 February 2016 again stated the person did not have capacity but did not specify for what. Therefore, it was not clear from the care records whether the person had capacity to make certain decisions. We discussed this with the provider and registered manager who agreed to look into it.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Family members had positive comments to say about the service and told us, "[Name] is well looked after", "They always keep us up to date" and "The staff are very nice". People who used the service told us, "The staff are great" and "The girls are lovely".

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. Care records described people's dietary needs. One person required, "Observing due to poor appetite." We saw the person was weighed regularly and these records were up to date. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the person and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. This person was assessed as being at medium risk.

Care records also described people's dietary preferences. Kitchen staff were provided with 'Information of new residents for kitchen' forms. These described people's food and drink preferences, allergies and special dietary needs.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from, and appointments with, external specialists including doctors, district nursing teams, chiropodists, dentists, opticians and dietitians.

Some of the people who used the service had a dementia type illness. Bedroom doors were clearly labelled and some had old photographs of the person on the door to help the person identify their bedroom. Bathrooms and toilets were also clearly marked however we found the home could be more visually stimulating for people with dementia. For example, the provision of attractive and interesting memorabilia and artwork on corridor walls.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Limefield Court Retirement Home. Family members told us, "It's a small home, they've [staff] always got time for them" and "It's very personalised" and "Yes, they care". A person who used the service told us, "You can have a laugh with them [staff]."

People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. We saw staff taking people outside and making sure they were comfortable. We heard one member of staff ask for a blanket for one of the people to make sure they were comfortable when they were outside.

People had 'Day in the life' records in their care records. These described people's preferred rising and retiring times, and other important information for the care staff. For example, people's communication and personal care needs, preferences and family involvement. People also had 'Life history' records, which described people's early life, likes and dislikes, important things in the person's life and significant events.

The provider's statement of purpose described how people who used the service had the right to personal privacy at all times and a right to lock their own bedroom door, the right to independence, the right to have their dignity respected and be treated as an individual.

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We observed staff asking people what they wanted, for example, to drink. Staff were attentive to people's needs at meal times, wiping people's mouths if they required it.

People were able to make choices. For example, we saw in the care records that one person had refused a flu jab from the district nurse.

People's care plans included a section entitled 'Privacy and dignity'. This described people's preferences for personal care and whether they were able to bathe, wash or use the toilet/commode independently. For example, it was recorded that one person preferred a bath and needed prompting to wash and use the toilet however they could do this independently.

A visiting healthcare professional told us that staff were caring and from what they had seen, staff respected people's privacy and dignity. This meant that staff treated people with dignity and respect, and promoted independence.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished.

Arrangements were in place for people to practice their religious beliefs and attend religious services.

We saw advanced care plans were in place for some people. These described discussions held with people who used the service about their future care needs should they be unable to make a decision in the future. These included details of people involved in writing the advanced care plan, what elements of care were important to the person and what they would like to happen in the future, and what they did not want to happen. For example, with regard to end of life care one person stated they did not want to go into hospital and wanted to stay at Limefield Court Retirement Home.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. A visiting healthcare professional did not raise any concerns and told us, "They always keep us up to date."

People's needs were assessed before they moved into Limefield Court Retirement Home. Pre-admission assessments were carried out and included a record of people's equality and diversity needs, emergency contact details, list of medicines the person had been prescribed and an assessment of people's dependency needs. For example, mobility, diet, personal care, communication and dressing. Risk assessments were carried out for people on admission for moving and handling, nutrition, falls, pressure sores, self-medication and mental capacity. This ensured staff knew about people's needs before they moved in.

People's care plans included general health, mobility, general medical conditions, medicines, likes and dislikes, equality and diversity, personal safety and risk, and privacy and dignity. These records were up to date and regularly evaluated.

Care plans described people's individual needs and where risks had been identified, associated risk assessments were in place. For example, one person was identified as being at risk of pressure sores. A Waterlow pressure sore tool was completed for the person on a monthly basis. Waterlow is a risk assessment tool that calculates the person's risk based on categories such as skin type, continence, mobility, appetite, tissue malnutrition and medication. This recorded that the person was at very high risk of pressure sores and the associated risk assessment action plan described actions staff were taking to reduce the risk. For example, staff were instructed to document all turns when the person was repositioned in the relevant file, any redness to pressure areas was to be reported immediately and cream applied. District nurses were also to be informed. We checked staff turning records and found them to be up to date.

People had a 'Record of resident's baths' sheet in their care records. These recorded when people had bathed or had a shower, but also recorded water temperature, whether the person's bed was changed, whether drawers and wardrobes were tidy, whether people's nails were cut and whether creams had been applied. These records were signed by the member of staff and comments were added such as, "Nails cut and cleaned. Hair washed and blown dry."

People had 'Hospital referral information' sheets in their care records. These provided important information about the person in case they needed to be admitted to hospital. For example, next of kin contact details, known allergies, medical history and present symptoms.

Care records included details of any hospital admissions and included a 'Return from hospital assessment' record, which was used to assess people on their return from hospital. Any changes to the person's health and care needs were to be recorded in the person's care plan.

We did not see any activities take place during our inspection visit however the provider told us activities

were carried out by care staff and included games and bingo. An external company called 'Active Minds' was employed to visit the home and carried out activities and games such as reminiscing and singing. People who used the service told us they visited a local church and took part in flower arranging and cookery. People also said there was, "Plenty to do" and "I never get bored". Staff we spoke with told us they tried to engage people in activities but sometimes people did now want to take part. Staff told us activities included darts, baking, arts and crafts, music and bingo. This meant the provider protected people from social isolation.

The provider's 'Complaints policy and procedure' had been reviewed in January 2016 and described how complaints were acknowledged within 24 hours and responded to, with the outcome, in writing within 28 days. The provider's statement of purpose and service user guides described the arrangements for making a complaint and the policy and procedure was available in the entrance to the home and in each person's bedroom.

We saw copies of complaints forms, which included details of the complainant, details of the complaint and what action was taken. The complaints book recorded all complaints made at the home and the action taken, including whether the complainant was happy with the outcome. None of the people or family members we spoke with had any complaints about the service. This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider and registered manager were aware of their responsibilities with regard to statutory notifications. Although a statutory notification for a DoLS authorisation had not been submitted by the provider, other statutory notifications had been submitted to CQC.

The service had a positive culture that was person-centred, open and inclusive. Family members we spoke with told us they were always made to feel welcome at the home.

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. A staff member told us they could go to the provider or registered manager with any issues and were confident it would be dealt with appropriately.

Staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff meetings, which included discussions on fire safety, personal care, staff training, key responsibilities and activities.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

The provider carried out audits, which included monthly checks of the environment and medicines. The provider also carried out an audit of staff files. The most recent was completed in May 2016 and this checked whether all staff had DBS checks carried out and appropriate recruitment information was included in each member of staff's file.

An audit of the linen room in December 2015 by the registered manager had identified that the room was, "Messy, cluttered, untidy" and storing items "That are not supposed to be in that room". An action plan was put in place and when reviewed in April 2016, it was recorded that the room had been "Cleaned and kept tidy."

We saw records that showed beds and mattresses were audited monthly to ensure they were clear of leaks, stains, tears and other problems. Care staff daily tasks schedules included cleaning people's rooms, bathrooms and equipment, stripping beds daily, checks of clothing and towels, and personal items. All the records were initialled on a daily basis to confirm the checks had been done, and all the records we saw were up to date.

A quality assurance survey was carried out every six months to ensure people who used the service were consulted about the running of the home and quality of life at Limefield Court Retirement Home. The most recent survey had taken place in February 2016 and asked people's views on the care provided at Limefield Court Residential Home, the staff, privacy and dignity, medical support, activities, complaints, laundry and

the home overall. There were no negative responses to any of the questions in the survey.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person and if the person is unable to give such consent because they lack capacity to do so, the registered manager must act in accordance with the 2005 act. Regulation 11(1)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a).