Housing & Care 21

Housing & Care 21 - Handyside 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

The inspection took place on 23 and 25 July 2018.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service provides personal care for older people and younger adults. This was the first inspection of the service. It was a comprehensive inspection. The registered manager stated that 20 people were receiving a personal care service at the time of the inspection.

The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

We identified concerns about a number of issues. A requirement notice has been issued due a breach of regulation in relation to the service not comprehensively meeting requirements of safe care and treatment.

Staffing was not always in place to always provide people with the safe personal care they needed. Risk assessments were not always comprehensively in place to protect people from risks to their health and welfare. Lessons had not always been learned from complaints.

Calls to people had not always been timely and some calls had been less than the agreed times.

People and relatives said that concerns had been followed up. However, a written response was not always provided to the complainant to indicate how their complaint had been investigated and action taken if needed.

Most staff members said they had not been fully supported in their work by the registered manager.

Management had not carried out comprehensive audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action

by referring to the relevant safeguarding agency. Incidents have been reported to us, as legally required.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. A capacity assessment was in place to assess whether any restrictions on choice were needed in the person's best interests. Staff had asked people's consent when they provided personal care.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, though training on some other relevant issues had not yet been provided.

People and relatives told us that staff were friendly, kind, positive and caring, when providing personal care. People had been involved in making decisions about how and what personal care was needed to meet their identified needs.

Care plans contained detailed information individual to the people using the service, to ensure that their needs were met. Staff had not read all the care plans for people, which meant a risk that people's individual care needs may not be fully met.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Most people and their relatives told us that they thought staff provided safe personal care.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People and relatives told us that medicines had been supplied so that people could take their medicine safely. Procedures to protect people from infection had been followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not always enough staff to safely meet people's needs. Risk assessments to protect people's health and welfare were not always in place. Lessons had not been comprehensively learnt from some incidents to try to prevent situations arising again. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff. People and relatives thought that staff provided safe care. People had been assisted to take their medicines and had been protected from infection.

Is the service effective?

Requires Improvement

The service was not comprehensively effective.

People's health needs had not always been met by staff. Staff were trained to meet people's care needs, though some training was needed to comprehensively cover all care needs. People had received an assessment of their needs. People and relatives thought that staff had been trained to meet the assessed needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Mental capacity assessments had been carried out. People's consent to care and treatment was sought by staff and their nutritional needs had been promoted.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind, friendly and caring and respected rights. People or their representatives had been involved in setting up their care plans. People's choices had been met. Staff respected people's privacy and independence. More work was needed to ensure that all people had their religious needs met.

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

People had not always received a timely service. Care plans showed how staff should respond to people's assessed needs and preferences, though staff had not read all of them. The complaints procedure provided information to help people to take their complaints further if they needed to. People and their relatives were satisfied that the service responded to needs and confident that the service would act on any complaints they made.

Is the service well-led?

Requires Improvement

The service was not comprehensively well led.

Staff were not always supported by management to provide a quality service. Systems had been not been comprehensively audited in order to identify whether a quality service had always been provided. Most people and their relatives told us that management listened to them and put things right.

Housing & Care 21 - Handyside 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service and provide a rating for the service under the Care Act 2014

Housing and Care 21– Handyside Court provides personal care for people living in their own flats in sheltered housing. This inspection took place on 23 and 25 July 2018. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that the registered manager was available. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency.

During the inspection we spoke with six people who use the service, two relatives, the registered manager, a community staff nurse, a community care worker and four care staff members employed by the service.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

Requires Improvement

Is the service safe?

Our findings

Safeguarding systems had not kept people comprehensively safe.

Staffing levels were not sufficient to ensure that people were safe. One person needed staff to assist them to go to the toilet at night. However, the person told us that only one staff member was available at this time so they did not receive this assistance. They said that either they had to wait for their morning call to get this assistance, or they used their continence pad and then had to wait for assistance in the morning to change this equipment. They did not feel that this was acceptable.

Staff members also told us that a small number of other people who needed two staff to assist them only have the option of using their continence equipment. This was because two staff were not available to assist them to use the toilet. Care plans confirmed that some people needed two staff to assist them to use the toilet. By not having staff assistance available, people were at risk of developing pressure sores. This did not safely protect their health needs.

The registered manager stated that management members were available on call at night if needed. However, no on-call staff rota was provided and no evidence in records that an on call system was in operation.

Care plans contained risk assessments to reduce or eliminate the risk of issues affecting people's safety. However, not all risk assessments were detailed. A person identified as suffering from anxiety did not have a risk assessment in place. The person told us that some staff did not understand their condition. The registered manager stated on the inspection visit there was no need for a risk assessment. However, absence of a risk assessment being in place meant that there was a risk that staff may not have been fully aware of how to manage the person's condition, and how to consistently support them. After the inspection visit, the registered manager sent us this risk assessment.

A risk assessment to prevent breakdown of skin did not include whether creams needed to be applied to protect from pressure sores developing. This did not safely protect people's health.

A visiting staff nurse told us that a person had not received comprehensive personal care that safely met their needs as they found the person's mouth had not been cleared. There was also an issue with staff not carrying out an intimate personal care task for this person. The registered manager said there was always a staff member on duty who had received training on the procedure to clean the person's mouth. With regard to the intimate personal task, she checked with her line manager and stated she had been mistaken in thinking this was an invasive procedure that staff could not undertake. She then issued instructions for staff to carry this out.

Lessons had not always been learnt from incidents. There had been a number of medication errors earlier this year. Action had been taken with regard to lessons learnt and shared with the staff group. However, a complaint from a relative in January 2018 stated that staff had not been aware of a person's care needs and

had not met them. Action had been taken with regard to a staff member. However, there was no evidence in place that this learning had been shared with other care staff. After the inspection visit, the registered manager stated that she had taken on board the need to ensure that lessons were always learnt from incidents, accidents and complaints.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care and Treatment.

People and relatives told us that staff provided safe personal care. They said that people felt safe. No one said that they had been harassed or bullied. Relatives told us that staff used equipment correctly and safely.

Some care plans and risk assessments were comprehensively in place. For example, a care plan identified that a person had continence issues and needed to have the continence equipment checked on every visit.

Another risk assessment to assist a person to eat had relevant information in place to remind staff to provide nutrition without a swallowing risk. It also included that the person needed to be placed in a certain position to help them to swallow food. Staff were aware of this information and described how they followed it. This helped to keep the person safe.

Staff members were aware of how to check to ensure people's safety with facilities and equipment. For example, they checked rooms for tripping hazards and checked the hoist before moving people. There was a system to risk assess facilities in people's flats. This covered relevant issues such as fire precautions and trip hazards.

People told us that staff provided them with their medicines. People and their
relatives told us that there had been no issues regarding medicines. There were medicine sheets in place for staff to record when they prompted or supplied people with their medicines. Records indicated that prescribed medicines had been supplied. Staff training was in place to support staff to supply medicines as prescribed.

A small number of gaps had been identified in audits and staff were reminded to complete records. There was other comprehensive information in place in the medicine procedure such the side-effects of medicines and in what form medicines needed to be supplied to people. Body maps were in place to assist staff to apply creams where they were needed. These procedures assisted staff to safely provide medicines to people.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. There was a risk assessment form in place to assess whether there had been any risk in employing staff with previous issues of concern. This meant systems were in place to prevent the employment of unsuitable staff.

Staff members had been trained in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if they had not been acted on by the management of the service. Some staff did not know all the relevant agencies to report to. The registered manager said this issue would be followed up.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These

informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy included different types of abuse that staff should look out for and contact details for relevant agencies to report abuse or suspicion of abuse to.

The whistleblowing policy in the employee handbook included information for staff to report to management and a provider support contact. Contact details of the safeguarding authority were displayed on noticeboards in the service to ensure staff had ready access to information of how to whistleblow to ensure people's safety.

People and relatives told us that staff were conscious of infection issues. They said that staff had worn personal protective equipment when supplying personal care to people and that they had washed their hands between tasks. Staff members were aware of how to ensure people were safe from infection risks such as wearing suitable equipment and carrying out hand washing between tasks. Staff had spot checks to observe whether they were following proper infection control procedures.

Requires Improvement

Is the service effective?

Our findings

The service worked and communicated with other agencies such as the physiotherapist to provide effective care and support. There was evidence in place that the service liaised with health professionals and other community based organisations. However, the staff nurse we spoke with said that when she had brought issues of concern related to a person's care to the attention of the registered manager, there had been no acknowledgement of these issues. Effective working had therefore not always been achieved with all relevant agencies.

Staff had also received training in a number of people's specific long-term health conditions such as dementia, mental health and learning disabilities. The registered manager was shortly to introduce quizzes on medicine administration and safeguarding to refresh staff knowledge on these issues. Training had not been supplied on some health conditions such as multiple sclerosis, Parkinson's disease, stroke care and sensory impairment. The registered manager said this training would be arranged for staff and, after the inspection visit, confirmed training had been arranged for Parkinson's and multiple sclerosis awareness.

People had an assessment of their needs including relevant details of the support people needed, such as information relating to their communication needs. This provided the basis of ensuring that people's needs were effectively met.

People and relatives thought that staff had been well-trained and knew what
they were doing when providing care to them. A person said, "The staff know that they are doing and they are well trained." Another person said, "The staff are well trained. Some of them have even taken exams. Also they go on refresher courses." A relative said their family member had complex needs and that staff provided good care which met those needs.

Staff members told us that they thought they had received enough training so that they were able to effectively meet people's needs. They said that management reminded them to complete training. One staff member said, "The training I had was good in making sure I could provide proper care to people."

New staff were expected to complete induction training on a wide range of relevant topics. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse. Induction training was based on the care certificate. This is nationally recognised comprehensive induction training for staff.

Staff supervision had taken place. This included on-site supervision and assessment of relevant topics such as promoting health and safety, preventing infection and staff conduct towards people. This provided staff with support to discuss any issues they were unsure of.

Staff told us that when they started work they had been shadowed by experienced staff for two to four weeks, depending on their confidence. Additional shadowing would have been supplied if they were still not confident after this time. This helped to ensure that staff knew how to provide effective care to people.

People and their relatives said staff provided assistance with food and fluids. Care plans included information about meeting people's needs such as leaving people with drinks so they didn't get dehydrated. There was also detail about what people liked to eat and drink. This indicated that the service took account of people's food and drink preferences and needs.

People and relatives told us that staff had responded to health concerns. A person said, "The staff would get a doctor for me if I need one." A relative said, "They call the doctor when necessary."

One person said that staff called paramedics when they fell. A relative told us that if staff had any concerns about the health of their relative, they would report this to them. Records showed that if the person was ill, staff members made sure they got help by referring them to the GP or calling an ambulance. A person confirmed that this had been done on one occasion when they were not feeling well. This indicated that staff were aware of ensuring people received healthcare and ongoing support.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they were providing. People said that staff checked with them that they agreed for staff to provide care. One person said, "They ask if it's ok to do the care." Staff members told us that they asked people their permission before they supplied 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. There were assessments in place to evidence this and how staff should work with people. One staff member did not have an awareness of this legislation, though they stated they always supplied choices to people even though they lacked capacity. This meant there was a risk that staff lacked knowledge on how to provide effective care within the legal framework. The registered manager said this would be followed up with staff.

Good

Is the service caring?

Our findings

People and their relatives said that most staff were caring, kind and friendly in their approach. People and relatives told us that staff were caring and kind. A person said, "I am listened to. I am respected. The staff are very nice people." Another person said, "I am listened to. I can say what I want. The staff are friendly kind and caring. They will always speak to me and make sure that I'm ok." A relative said, "We are always listened to. We just have to ask for anything and we get it. The staff chat to us all of the time and they are very friendly…they are kind – they never rush." We also spoke with a visiting care professional who said that the staff approach to people was always friendly and kind.

Only one person said that staff didn't always listen to them. We looked at their care plan and found historic factors which accounted for this negative view.

The service's information stated people would be involved in reviews and assessments of their care. People and relatives said that care plans had been developed and agreed with them. A person said, "When I was deciding on my care we went through a book. I selected the care that I wanted. It was a good way to do it." A relative said, "We do feel involved in my husband's care plan." Another relative said, "My [family member] is involved in his care." We saw that people or their family members had signed the care plan which indicated their involvement in planning to meet individual care needs.

Most people told us that their religious needs were met. A person said, "The church come once a week." Another person said, "We have two church services a month and communion." However, another person said that they were from another faith and they did not feel their religious needs were met. In a care record, it was not clear what denomination of the church a person had attended in the past. It had been recorded that they were religious and this would have been important to them. The registered manager said this issue would be followed up. This was confirmed after the inspection visit.

A relative told us that their family member was never rushed by staff. A person told us that they could come and go from their flat when they wanted. They could have visitors at any time. They said that their family member's human rights were respected.

Information from the service stated that the provider would put people first and maximise choice, control, independence, antidiscrimination, and would respect people, their sexual orientation and their lifestyle choices. These principles and values were also included in the staff handbook. This helped to orientate staff in their approach towards people receiving a caring service that met their individual needs.

Staff told us they respected people's choice in all issues, for example, whether they wanted a bath or shower, what food and drink they wanted and the clothes that they wanted to wear. For example, staff asked a person whether they wanted to have a cappuccino or latte coffee to drink. Care plans included what favourite foods people liked.

People felt that their privacy and dignity was respected. A person said, "They cover me with a towel if

necessary." A person said staff always observed privacy by knocking before they came into their room: "They always knock before they come into my room and explain to me what they've come for."

People thought that their independence was respected. A person said, "I'm very independent. I go out on day trips on the bus." Another person told us, "I'm independent and can make my own decisions." A relative said, "[Family member] is independent and can also operate the fans and the heating using the computer."

They said staff tried to encourage independence so people could do as much as possible for themselves. Care plans promoted people's independence and stated they were able to complete tasks. Staff also gave us examples of how they promoted people's independence. For example, making it easier for people to eat by cutting up food, and making it easier for people to drink, by providing a beaker. This presented as an indication that staff were caring and that people and their rights were respected.

Requires Improvement

Is the service responsive?

Our findings

In care records we noted that people had not always received a timely service. Records showed that some calls had been early or late for over an hour. One person complained that staff had been 45 minutes early which had disrupted their routine. Whilst the registered manager followed this up and provided evidence that the person had been mistaken, there was evidence on other days that the person's calls had not always been timely. In other people's records we found some calls had been shortened by up to 70 minutes, some calls had been early by 90 minutes and some calls late by up to 40 minutes.

Staff told us that it was difficult to keep to call times, especially at weekends when staff on duty in the morning dropped from five staff to three staff. They also had to carry out laundry, and provided meals, as the on-site restaurant was closed at the weekend. The registered manager stated that there were no calls involving taking people out at the weekend so this reduced the workload, and thought that people had their needs met. However, from this evidence, this does not always not appear to be the case.

Staff told us they had not read all the care plans. Management had asked them to do this but no one had checked whether this had been completed. This meant there was a risk that they were not aware of important information to provide personalised care for people. The registered manager, on the inspection visit, stated that staff would be reminded to read care plans.

People and relatives told us told us that the service largely service responded to people's needs, except for some people not receiving support to use the toilet during the night. One person said, "I have the care I need." Another person said, "They contact other people for me. I asked for a walking stick and I got this Zimmer frame. It's very good." Another person told us, "When I go out on my day trips the carers come earlier so I can be on time." A relative said, "We can change the times of the calls and the length of the calls if we want to." This showed the service had provided care responsive to people's needs.

Most people said that staff were timely in attending calls to provide them with personal care. One person said that staff had left their call early on some occasions. They had spoken to the registered manager about this, who they said had been dealing with this issue.

People said that they were introduced to new staff. A person said, "I usually have the same carers. New carers are introduced to me." A relative told us, "We know the carers here. When there's a new carer we are introduced to them." A relative told us, "All of the personal care that my [family member] needs [family member] gets. I had to point out that they needed to check everything… was all neat and tidy every time they move [family member]. I suggested this and they do it now. Great team work." Staff assisted a person to do exercises as recommended by a physiotherapist.

There was information in care plans about the person's needs. They also contained personalised information about people's personal history, likes and dislikes and preferences. This meant staff had the opportunity to be aware of the people's preferences and lifestyles if they read the care plans, and to work with them to achieve a service that responded to their individual needs. For example, a care plan stated that

staff needed to provide a towel for a person to catch their falling hair when shaving, to provide a comfortable experience for the person. People and relatives said that they were happy with the care plan as it described their family member's needs correctly.

People and relatives said when they made complaints about the service, it had been put right. A person told us, I know how to make a complaint but I have never made one. I would feel comfortable making a complaint to the manager. They would listen to me." A relative said, "I don't have any complaints at the moment but I did make a complaint last year…it was dealt with properly. I am happy with the outcome of my complaint."

We looked at three complaints that had been made. Evidence was in place that issues had been investigated and followed up. However, a written response had not been supplied to the complainant. The registered manager stated on the inspection visit that this would be carried out in the future.

The provider's complaints procedure in the service user guide gave information on how people could complain about the service. The procedure set out that that the complainant should contact the service for their complaint to be investigated. The procedure also implied that complainants could contact CQC if they were not satisfied, to have their complaint investigated. CQC does not have the legal power to investigate complaints. The registered manager on the inspection visit said she would speak with her senior line manager to request that the procedure was amended.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. People's communication needs had been recorded and assessed. A person said, "I understand the information that I am given. If I say that I don't know what you mean they explain it to me." Staff were aware that a person had an eye condition which meant that they had to stand to the side so the person could see them.

The registered manager said currently no one had communication requirements but the service user's guide was available in large print and people could receive it in braille if needed.

No one was currently receiving end of life care. The registered manager described care that was put into place for a person who had received this care in the past. This showed awareness of all relevant issues such as ascertaining and following people's wishes, ensuring calls were put into place and that proper pain control medicine was available.
I hear are

Requires Improvement

Is the service well-led?

Our findings

Staff told us that the registered manager did not always support them. For example, a staff member said that they received a negative attitude from the registered manager if they had a query, and a feeling that they should have known the answer in the first place. The registered manager said she was surprised by these comments and would reflect on them to see whether changes were needed in her approach.

There was a system in place to ensure quality was monitored and assessed within the service. This included relevant issues such medicine audits, audits of care records and staff recruitment. However, the audits of care records had not always identified gaps in providing quality care. This included whether staffing levels were sufficient, and whether calls had been untimely, missed or shortened. Also whether people had been provided with care that met their needs, such as being provided with support to manage health conditions. A complaints audit had not identified what action was needed from a complaint in January 2018 with regard to a relative stating that staff were not aware of their family member's needs with regard to the administration of medicine. This absence of detailed auditing had not comprehensively protected the welfare of people.

People received satisfaction questionnaires asking them about the quality of care. These indicated a generally high level of satisfaction with the care they were provided with by staff. However, the survey was for a large number of the provider's different locations, rather than just for Handyside Court. This made it difficult to analyse what people living at Handyside Court thought of the service. The registered manager said this issue would be followed up with senior management.

Staff meetings had been held where issues were discussed including providing effective moving and assisting practice, calling for medical care when needed and protecting confidentiality. This showed management had tried to ensure that a quality service was provided to people. One staff member said that staff could express ideas and gave an example of how they were listened to. This involved the staff member putting forward how to ensure that a person's nutritional needs were met. As a result of this, practice had changed for the better. However, another staff member said they would only express ideas if the registered manager was not present in the meeting. They did not feel that they received a positive response from the registered manager for their suggestions, such as the need to have more weekend staff. Another staff member said that staff turnover was high because staff were not treated properly. They said that there was favouritism that some staff did not have to work weekend shifts when others did. This indicated staff were not always listened to.

People and relatives were satisfied with the service they received. A
person said, "I would recommend it [the service]. I'm very happy here." Another person told us, "I'm happy with the managers. Overall I would say
that it's good here."

People said that the service checked whether staff were doing their jobs properly. They said they were confident about speaking to office management staff and the registered manager. Spot checks included

checking staff attitudes towards people, whether communication had been effective and whether people's choices had been respected.

Most people and relatives said that they would recommend the service to family and friends. A person said, "I would recommend this place to my family and friends." A relative told us, "This service does promote a positive culture…I would say that the service that it provided it open and honest…This service is well managed and well led. I feel this because I can always ask various questions, they try their very best and they are approachable." People said that when they put forward suggestions, management had largely acted to make things better. The main issue some people said that the registered manager had not acted on was to always ensure there was sufficient staff on duty to meet people's needs.

Staff members we spoke with told us that the management team expected staff to be friendly and approachable and treat people with dignity and respect. Staff said they would recommend the service to relatives and friends because the interests of people had always been put first.

The supported living complex home had a registered manager, which is a condition of registration.

Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were not always enough staff to safely meet people's needs. Risk assessments to protect people's health and welfare were not always in place. Lessons had not been comprehensively learnt from some incidents to try to prevent situations arising again.