

Harbour Healthcare Ltd

Hilltop Court Nursing Home

Inspection report

Dodge Hill
Heaton Norris
Stockport
Cheshire
SK4 1RD

Tel: 01614804844

Website: www.harbourhealthcare.co.uk

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Hilltop Court is a nursing home providing personal and nursing care to older people living with dementia. The service can accommodate up to 50 people and at the time of our inspection there were 41 people living at the home. Hilltop court accommodates people in one adapted building over 3 floors in two single-sex units.

People's experience of using this service and what we found

We identified concerns with the accuracy of care documentation, and we found concerns regarding the notification and management of safeguarding incidents. At the time of the inspection significant improvements had been made since the intervention of the local authority. However, our pharmacy inspector found continued concerns with the management of medicines. Staff recruitment files were not always complete.

Sufficient staff training, supervision and oversight of staff competency was not in place. Staff had not always received training in mandatory subjects. Consent had been given by relatives where no legal safeguards were in place for them to make those decisions. People's nutritional and hydration needs were met and staff were knowledgeable around these needs

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We received good feedback about how caring staff were when providing care and support. We observed some particularly caring staff. However, we also observed some instances where people were not treated with dignity and were not talked about respectfully.

People's care plans were comprehensive and written in a person-centred way and included information on people's specific communication needs. Activities were well resourced and included personalised activities alongside group activities.

There has been a lack of oversight of the operations of the service and this has led to the concerns identified in this inspection. Statutory notifications were not sent to CQC as required. The provider had already started to make improvements and was working closely with the local authority to ensure the safety of people at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Good (2 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about unsafe medicines management. A decision was made to inspect and examine those risks.

Enforcement

We have identified breaches in relation to people's dignity and respect, consent to provide care, providing good governance of the service and the training and supervision of staff at this inspection.

Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to notify us of certain events. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not well-led.

Inadequate ●

Hilltop Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by two inspectors and one pharmacist inspector.

Service and service type

Hilltop Court is a '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 looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was under suspension by the provider and was not present during the inspection. During the inspection we were assisted mostly by the deputy manager and the regional manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We attended a safeguarding case conference regarding concerns about safe administration and management of medicines at the home. We used all of this information to plan our inspection

During the inspection

We spoke with eleven people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the deputy manager, care workers, nurses, the maintenance officer, the activities co-ordinator, the laundry assistant and the catering manager. We also spoke with the regional manager, the quality support manager, the head of governance, the operations director and the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We carried out an audit of medicines and observed two medication ward rounds.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered and managed safely. Several medicines safeguarding concerns had been investigated by the local authority prior to the inspection. These investigations found that people had been harmed or placed at the risk of harm due to unsafe medicines management.
- At the time of our inspection the provider had made significant improvements to the management and administration of medicines as a result of the safeguarding outcomes. The provider had brought in a senior manager to conduct daily medicines audits to ensure people received their medicines safely. However, we found further medicines concerns that had not been identified during these recent audits. These concerns related to a lack of protocols in place for "as required" medicines, no medicines administration records (MARs) for topical creams and a lack of recordings for drinks thickener.
- During one observation of a medication round we identified concerns regarding the practice of one nurse regarding their medicine administration. We reported our concerns to the deputy manager and regional manager and they told us they would address the concerns immediately.
- The provider had not assured themselves medicines and nursing practice were safe at the home. We did not find evidence of a strong clinical oversight of nursing operations at the home. We found nurse competency checks had not been fully completed and we were not able to ascertain accurate medication training levels. The deputy manager was not able to demonstrate a clear communication plan between nursing staff and management. They told us they had communication diaries on each of the two units; however, they told us nursing staff often did not complete them.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of managerial oversight regarding medicines and nurse competencies. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- We were not able to ascertain whether staff had up-to-date safeguarding training in place as the deputy manager and regional manager were unable to produce the information. Staff we spoke with confirmed they had not had training. However, when asked, they demonstrated an awareness of potential abuse and who to report any concerns to.
- The registered manager had not informed us about safeguardings at the home where people had suffered harm or been placed at the risk of harm. We found evidence of safeguarding investigations that had been carried out by the local authority where CQC had not been notified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We found concerns regarding the consistency of recording of accidents and incidents. Incidents were recorded on the electronic system: however, these were not updated with outcomes or actions taken after the incident had been logged. For example, where a person had been taken to hospital there was no follow up information to inform us what their diagnosis was and what action had been taken to mitigate further risks. In order to improve the system, the deputy manager had introduced a paper-based record system, alongside the electronic one, to encourage staff to complete forms fully. The deputy manager and regional manager were unable to give examples of where trends or themes had been identified as a result of an analysis of accidents and incidents. The provider had an electronic system in place for all their homes to provide information on accidents and incidents. However, the deputy manager was not familiar with the system and we were not able to ascertain whether this had been completed at the home.
- Accurate risk assessments that reflected people's current care needs were not always in place. The service had assessed risks to people's health and wellbeing and risk assessments were in place by way of an electronic care system. However, they were not always up to date nor reflective of people's risks or current care needs. For example, one person had a pressure sore; however, their care plan and risk assessment did not reflect this and stated their skin was intact. During the inspection we found staff left confidential information on display. We reported our concerns to the deputy manager and regional manager. We were not able to ascertain when care plan and risk assessments had last been audited for accuracy and effectiveness and therefore, we found a lack of managerial oversight regarding accurate risk assessments in place for people.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of managerial oversight regarding accurate and contemporaneous risk assessments and accidents and incident monitoring. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment checks and checks on fire and building safety had been carried out and regularly monitored.
- People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.

Staffing and recruitment

- We reviewed staffing levels and rotas and found suitable numbers of staff were on duty to provide appropriate support. The deputy manager told us they used a small number of agency staff to cover some shifts.
- Staff we spoke with told us they felt staffing levels were appropriate. People and relatives we spoke with told us they were happy with staffing levels at the home. One person told us, "It's very nice here, the staff look after you. One relative told us, "I can't fault this home. There is no fancy furniture, but I am happy with the staff and care."
- We reviewed the safe recruitment of people employed to provide care at the home. We found the management team had not always ensured the relevant documentation was in place to evidence staff were suitable to provide care to vulnerable people. We spoke with the deputy manager who agreed to follow this up and ensure the omitted information was obtained.

Preventing and controlling infection

- During our observations we found staff wore personal protective equipment (PPE) when providing care and support. The home employed cleaners and cleaning schedules were in place. We found the home was mostly clean and tidy; however, we found some furniture was stained and unclean. One bathroom was particularly unclean and was being used to store laundry trolleys. The infection control bin was kept in front

of the hand-washing sink and was difficult to move. We spoke with the deputy manager and regional manager and they agreed to ensure the room was cleaned and to make sure the sink was accessible again.

- We visited the laundry in the basement and found it to be clean and well-organised with hand washing facilities and access to PPE.
- We were unable to ascertain if staff had received infection control training due to poor training records. We were also unable to view the most recent infection control audit. We requested this document be emailed to us, but we did not receive it.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were unable to ascertain the level of training, appraisal, supervision and support to staff as contemporaneous records were not in place.
- The provider had not ensured staff undertook a programme of training and supervision to support staff to enable them to provide safe and effective care. There were no competency checks in place for care staff and those for nurses were incomplete. We requested the training information be collated and sent to us along with the training policy to give us some idea of training levels. However, this information was not sent to us.
- The deputy and regional managers told us there had previously been a training matrix in place. However, this was not accurate, and they were unable to produce information to show current training levels of staff. The deputy manager told us they were in the process of introducing a timetable of supervisions for staff.
- Care staff we spoke with told us they had received training. One staff member told us they had had fire training and manual handling and said, "It [training] gives me enough information to do my job."

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of staff training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being

met.

- Information we reviewed demonstrated decisions had been made for people by relatives who did not have the legal right to do so.
- The deputy manager demonstrated an understanding of legal decision making and showed us they had files for people who had lasting power of attorney (LPA). However, this did not match with information we found in one person's care plan. The information recorded in the care plan demonstrated there was a lack of understanding of consent, MCA and best interest decisions. We found examples where decisions around consent to care and other important decisions had been made by family members who did not have the legal authority in place.
- We reviewed the DoLS tracker in place at the home and we found it had not been maintained and did not contain accurate information. The tracker information indicated three people's DoLS authorisations had expired. However, we subsequently found the local authority had prompted these reapplications.
- We could not ascertain if staff had any training in MCA or DoLS. When we spoke with two care staff, they did not demonstrate an understanding of consent and MCA.

We found no evidence that people had been harmed due to our findings on inspection; however, we found consent had been given by people who were not lawfully acting on people's behalf and staff did not have training/understanding of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to going to live at the home to ensure the service could provide the appropriate care.
- The service used specific and nationally recognised assessment tools. For example, we saw where the MUST tool was used to check a person's risk of malnutrition.

Supporting people to eat and drink enough to maintain a balanced diet

- The service ensured people's nutritional needs were assessed and dietary requirements were met. Risk assessments were in place for eating and drinking where people had specific needs, for example, a choking risk.
- We spoke with the catering manager who demonstrated their knowledge around individual people's dietary requirements alongside their preferences for meals. Comprehensive information about people's dietary requirements, such as specific textures and diabetic diet was also held in the kitchen. Food was fortified and home cooked daily and people were offered choices for meals. Staff told us they would show people two plates of food to assist them to make their own choices.

Adapting service, design, decoration to meet people's needs

- Attention had been paid to making the home conducive to people using the service, particularly with regards to making it dementia friendly.
- The home is in two units and both units are individually designed, for example, the male unit dining room is designed to appear like a public house. There was evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and bathroom doors. Bedroom doors were decorated to give the impression of different coloured front doors.
- The building is adapted to accommodate people with disabilities; including wide doors, a passenger lift and accessible bathrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to access other healthcare services and staff ensured people received timely care and treatment.
- We saw where requests for medical attention had been made and staff made relevant referrals to health professionals if they had any concerns about people. Care plans showed us where relevant referrals had been made to ensure people received attention when they needed it. Examples of these referrals included, speech and language therapy (SALT), GP and diabetic nursing team. One visitor we spoke with told us their relative had a medical problem and attention was sought for them quickly.
- We spoke with the deputy manager regarding oral healthcare for people. They told us they found it difficult to get a dentist to attend the home and people did not like to see the dentist when they attended. The home had an oral health policy in place; however, they told us it was an area that needed to be worked on to ensure people received good oral healthcare.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We saw many instances where people were treated with dignity, care and kindness whilst having their independence promoted and respected. However, we also saw where people's privacy was not respected, and they were not always treated with dignity.
- We observed staff respectfully assisting people in one lounge to have a drink; staff were patient and understood when the person had enough. One person was celebrating a special occasion and staff congratulated them.
- During lunchtime observations in one dining room we found people who required assistance to eat were being helped by staff who were stood up at the table; no eye contact was given, and they appeared hurried. Another person was reclined whilst eating and was spilling food down their clothes and they were not assisted with a napkin or clothes protector.
- Most people at the home appeared well-groomed. However, we also saw several people had dirty finger nails and poor oral health. We observed people moving around the home with food spilled down their clothing. We also observed people being told to "sit down" on several occasions when they wished to get up and move around the home.
- We observed two staff shift handovers during the inspection and found they were held in the communal lounges in front of several people. Personal and private information was discussed in this open forum and some staff spoke about people in an undignified manner.
- We spoke with the management team about our concerns regarding the dignity aspect of care of people and they told us they were aware of the current culture at the home and had already identified the requirement for staff to attend training in dignity.

We found no evidence that people had been harmed due to our findings on inspection; however, people had not always been treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their visitors told us they felt well treated at the home. One person told us, "I am comfortable. I feel very well looked after." Another person told us, "It's great here, always has been...this is a place I love." One visitor told us, "Fantastic, I can't speak more highly of the place. Care and compassion given here are what you would give your family. The best thing about the homes is the care, their patience, the staff."
- The deputy manager told us they had an equality and diversity policy in place. However, they did not have

anyone living at the home who required a culturally diverse service. On admission, people are asked if they practiced a religion and if they wished to express their sexuality, social and spiritual needs.

- We were unable to ascertain if any staff had received training on equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People's individual preferences were recorded in care documentation. People who lived at the home could not easily express their views but those who knew them well were asked.
- People's visitors mostly told us they were involved in decisions about their care. One visitor told us, "Staff are happy to talk to me whenever I ring up and come in." Another visitor said, "Staff listen to my opinions." However, one visitor told us they had been upset when a GP visited their relative and they had not been informed. Also, they had requested feedback about their relative's current condition and this had not been done.
- The deputy manager told us they felt staff knew people well and had the time to spend with them and get to know them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now been lowered to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individual care plans in place. These set out how people would like their care delivered. Information on people's personality, need and preferences were recorded.
- The home employed two activities co-ordinators who were responsible for meeting people's social needs and interests. We spoke with one co-ordinator during the inspection and they explained the home arranged formal activities such as visits from schools and groups who would bring animals to the home. The home had access to a shared minibus allowing day trips to be organised for people who were able to go on them.
- People who did not feel able to or wanted to join in with group activities, benefitted from personalised activities and one-to-one time with a co-ordinator and the activities were tailored to meet people's preferences. The co-ordinator told us, "It's important people don't feel on their own and that we give them some human interaction."
- The co-ordinator told us they felt able to go to management in the home with requests for money for activities and felt encouraged to try things.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and communication care plans were in place to guide staff.
- The deputy manager demonstrated their awareness of the AIS. However, they told us all people living at the home lived with dementia and, as far as they were aware, no-one had specific needs in how they required their information presented.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- We reviewed complaints information since the last inspection and saw that complaints were recorded, responded to and action taken where appropriate. We also reviewed the compliments and thank you cards received at the home.

End of life care and support

- The home had an end of life policy and procedure in place. However, the deputy manager told us they had plans to adopt the National Gold Standard Framework (GSF) in end of life care for all staff. They also intended to introduce an end of life champion for the home, who would be responsible for good end of life care.
- The deputy manager told us they believed they provided good end of life care through close links with the GP and good planning with people and those important to them. People and their families were given the opportunity to complete their advanced care wishes for end of life if they so wished when they came to live at the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not demonstrated continuous improvement and had failed to ensure safe and effective governance of the service. We identified a lack of oversight of the operations of the service and this has led to the concerns identified in this inspection.
- During the inspection we requested information be sent to us that could not be found by the deputy and regional managers. However, we did not receive this additional information after the inspection.
- Systems and processes were ineffective. Some audits were in place; however, they were not always carried out or robust enough to identify the concerns detailed in this inspection report.
- The provider had not ensured staff were adequately competent, supervised and trained and not ensured robust recruitment procedures. The provider had not ensured people were always treated with dignity and respect.
- The provider had not ensured the service was working within the MCA and documentation was not always contemporaneous.
- Throughout the inspection we fed back our findings and the identified concerns and sought assurances that the shortfalls would be addressed.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of managerial oversight of the operations of the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had previously recognised the concerns identified during this inspection and has already started to improve the service. An action plan had been formulated with the local authority in order to make the necessary improvements and the provider was making progress. The provider had been transparent throughout the process and had reacted to ensure the safety of the residents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not ensured management were following their duties in relation to duty of candour.
- The deputy manager was unable to demonstrate an effective oversight and management of accidents and incidents and steps taken to mitigate further risks to people.

- We identified concerns regarding the transparency of management regarding the lack of statutory notifications submitted to CQC as per registration requirements.

We identified a potential breach of regulation 16 of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications to inform us of the death of a person had not always been submitted to CQC as required

We also identified a potential breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications to inform us of the abuse or serious injury of a person had not always been submitted to CQC as required

We will follow our processes to consider an appropriate response to this outside the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The quality support manager told us they conducted regular satisfaction surveys at the home.
- Staff we spoke with told us they felt the deputy manager was approachable and supportive. They were aware of how to raise any concerns with management and seniors.
- The deputy manager told us they had started to have regular team meetings and had also introduced daily 'stand up' meetings. These meetings were attended by a representative from each department at the home; for example housekeeping, nursing and care staff. These meetings considered two residents of the day, a check of the environment and presentation of people.
- The provider had identified concerns with the culture within the home and had been open and transparent. They had identified that steps needed to be taken to make the service more person-centred, continue to build relationships and continue to provide resources to improve the overall experience for people living at the home.

Working in partnership with others

- Previously, there had been concerns over engagement of the service with the local authority and safeguarding teams. There had been a lack of accountability regarding the responsibility on staff and management to report safeguarding concerns. However, the provider was now working closely with the local authority and staff to improve the service.
- The service invited community groups into the home. The activity co-ordinator told us of local groups and schools who regularly visit the home.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People did not always receive care with dignity and were not always spoken about with respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Decisions about people's care were not always made by people who had the right to do so. Staff had not received training in the MCA and did not demonstrate knowledge.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There has been a lack of managerial oversight of the operations of the service and this has led to the concerns identified in this inspection.
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	Sufficient staff training, supervision and oversight of staff competency was not in place.