Palms Row Health Care Limited

Northfield Nursing Home

Inspection report

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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 9th May 2016 and was unannounced. This meant the people who lived at Northfields and the staff who worked there did not know we were coming. On the day of our inspection there were 57 people living at Northfield

There was a registered manager at the service who was registered with CQC. 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.

Northfield is a care home providing personal and nursing care. Accommodation is provided for 57 people. The home is situated in the residential area of Crookesmoor in Sheffield. It is close to the main bus route and is a short walk away from the local shopping area. The home is purpose built with accommodation provided on two floors, which are accessed, by a lift. The gardens are landscaped and outside patio areas are easily accessible. There is a small car park.

Within Northfield there was the provision of 33 Intermediate Care beds based on a separate floor. People received rehabilitation and enablement support from Sheffield Teaching Hospitals physiotherapists and occupational therapists. Peoples nursing and personal care needs were met by the nurses and care staff of Northfield. The unit had support from a GP, in relation to people's medical needs. Peoples stay varied from 21-35 days before discharge. In addition, Northfields provided permanent accommodation for up to 24 people. At the time of this inspection 22 people were living at the home on a permanent basis.

We spoke with 10 people who used the service and friends or family members, who were visiting at the time. We spoke with the registered manager and seven members staff .We also met a quality assurance manager and the training manager and spoke with three health professionals who were visiting the home during our inspection. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care.

People we spoke with told us staff were very nice and easy to talk to. One person told us, "I am delighted with the home." A relative told us, "I have no worries about this place" another relative told us "There seems to be the right numbers of staff and they seem to be well trained."

Assessments had not always been completed regarding a person's capacity to consent to care and treatment, or records to demonstrate that 'best interest' decisions made on a person's behalf were appropriate. Improvements needed to be made in the way the provider complied with the requirements of the Mental Capacity Act 2005.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people

People had individual personal plans that were centred on their needs and preferences and had a good level of information, which explained how to meet each person's needs.

Staff we spoke with understood what it meant to safeguard vulnerable people from abuse, and they were confident management would take any concerns they had seriously and take appropriate action to safeguard people from abuse.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet,

with choices of a good variety of food and drink.
There were limited activities available. Both the people living at Northfields and relatives told us they would like more activities to be available.
We saw that staff were respectful and made sure people's privacy and dignity was maintained.
People said they felt comfortable to raise any concerns with staff. The service learned from incidents and from people's feedback and used this as an opportunity for improvement.
We found two 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
All the people we spoke with who used the service told us they felt safe. Family members said their relatives were kept safe and, overall they were happy with the care provided.

Staff were trained to recognise any abuse and knew how to report it.

People had care plans and risk assessments associated with their needs and lifestyles.

Staff were recruited in a safe way as thorough pre-employment checks were completed before they started work.

Is the service effective?

Requires Improvement

Is the service effective?
The home was not always effective.
There was no evidence of best interest decisions being made when people lacked the capacity to consent to specific decisions, meaning that decisions were made for people without appropriate legal processes being followed.
People were cared for by staffs that were well trained and supported to give care that was tailored to people's individual needs.
Staff told us they received supervisions and appraisals, however not all staff received an annual appraisal of their performance in line with the providers own policy.

Is the service caring?

Good

Is the service caring?
The service was caring.
People told us the staff were kind and caring.
We saw that staff showed patience, gave encouragement and had respectful and positive attitudes

Is the service responsive?

Good

Is the service responsive?
The service was responsive

Care plans reflect people's needs and wishes, or actions staff needed to take to meet people's needs.

People did not always receive support to undertake appropriate activity or receive stimulation to meet their needs and wishes.

Is the service well-led?

Good

The service was well led.
The home had a registered manager who provided effective leadership and was committed to the continuous improvement of the service.
There were systems to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents and learn from them.
The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make.

Northfield Nursing 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 9 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and one 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.
Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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. The PIR was returned as requested.
We contacted Sheffield Local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke to three health professionals who had contact with the service including a case manager for intermediate care, and two occupational therapists. All of the comments and feedback received were reviewed and used to assist with our inspection.
We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 10 people who used the service and friends and family members, who were visiting at the time. We spoke with the registered manager and nine members of the care team including the quality assurance manager and the training manager. We also spoke with three health professionals who were visiting the home during our inspection.
We last inspected in July 2013 and found the service was not in breach of any regulations at that time.
Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We spent time looking at records, which included four people's care records, staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe in the home. A family member visiting a person told us "I have no worries at all about this place" another person said, "This is a nice place to be." People living in the residential home also expressed their satisfaction with the care provided and told us they felt safe. For example, one person said, "I think its lovely here, you couldn't find any better." Another person using the service told us, "I love it here; everything about it is good, I'm very happy." Relative told us, "The staff are marvellous, they are very kind and really look after people, we are very pleased [person living at the home] is here and we have no complaints."

Policies were in place in relation to safeguarding and whistleblowing procedures .Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. These meant staffs were aware of how to report any unsafe practice. Records showed staff had received training in this area. This was also part of staff member's training during induction.

The staff we spoke with showed they understood their role in safeguarding people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the nurse or registered manager. The staff training records showed staff had received safeguarding training and updates and the staff we spoke with confirmed this.

Some people and their relatives said they felt the staffing numbers, whilst safe, did not allow them enough time to spend one to one time with people chatting and interacting.

We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met.

The registered manager explained that four care staff were always provided on each of the two units and two nurses were available in addition to these care staff to supervise and manage each shift. We observed there were suitable numbers of staff on duty on the day of the inspection to meet the needs of people using the service. However, we received conflicting information from people about staffing levels. One person we spoke told us, "I asked to have some assistance and they told me I would have to wait until after lunch." Another person told us, "There are not enough [staff] in the afternoon and that extends into the evening then." We asked staff whether they felt staff levels were sufficient to meet people's needs during the day. One staff member told us, "its hard work but we manage to meet people's needs; this varies depending on the needs of the people. In the afternoon we have four care assistants and I think there should be five." Another member of staff told us "The staffing levels are good."

From our observations we found staff did spend time with people although this tended to be whilst supporting them with care tasks. Staff did not rush people whilst supporting them. This was discussed with the registered manager and they explained that they had recently increased staffing levels in response to feedback from a carers meeting and the concerns they had expressed .The registered manager confirmed that they had recruited an activity co-ordinator and on completion of all the necessary recruitment checks and induction training they anticipated the person would be starting in the few weeks following this inspection.

From our observations there seemed to be enough staff to respond promptly to the buzzers and to keep

regular checks on the people's welfare continually. We found call bells were answered and we saw people's needs were being met. This was confirmed in discussions we had with people who lived at the home. One person told us "they normally come very quickly to the buzzer but there are the odd occasions." Another person told us "Sometimes you can have a fifteen minute wait for the buzzer other times they come straight away."
Risks to people's safety and welfare had been assessed. Care records showed assessments had been undertaken, to determine any risks people may be subject to when living in the home and receiving care. For example, assessments identified risks associated with moving and handling people and the potential for them falling. Where a risk had been identified, information was provided to staff about how to minimise the risk in the least restrictive way. Where accidents or injuries had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken.
We saw staff provided care in a way that supported people's safety. For example, we saw one person transferred with a hoist, this was done slowly, carefully with staff explaining every stage to the person and was in accordance with their care plan .We observed safe moving and handling practices throughout the day and saw that people were supported, in accordance to their risk assessments, to mobilise with assistance around the home.

We looked at recruitment records of five staff and spoke with three staff about their recruitment experiences. Robust recruitment procedures were in place to determine that staff were of good character before they started working in the home. We saw all staff had completed a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.
The staff files included an induction booklet with details of training completed and competencies checked. Staff told us they went through a two day induction training programme which included safeguarding training, infection control, moving and handling training and health and safety training.
Staff had received fire training, fire risk assessments were in place and all staff knew the evacuation procedure and assembly point. Fire drills had been undertaken and individual personal evacuations plans (PEEPS) were in place for people.
Management and staff all had a good understanding of infection control and prevention. There were clear systems in place to monitor infection control with regular audits. All care staff had completed training in this area. There was sufficient personal protective equipment (PPE) available to staff and we observed staff using gloves and aprons when required. Management carried out random checks to monitor the use of PPE.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. The registered nurses had responsibility for the administration of medicines and we observed that medicines were administered in line with NICE guidance on best practice. We observed people being given a drink of water to help them swallow their medicine and that staff ensured medicines had been taken before accurately recording this on people's Medication Administration Records (MAR) charts. Staff told us they received training before they were able to support people with their medicines. Training was then followed by competency assessments where staff were observed while they administered medicines to offer assurances to the management team that they were safe to do so. We looked at the medicines monitoring audits. The two clinical lead nurses were responsible for completing these audits and we saw that any issues requiring attention were fed back to staff via memos or a staff communication book.
People told us that they were given their medicines on time and in a way they were happy with, for example one person told us "I get my pills at the right time, its well-regulated here." We found that people's medicines were administered and stored safely. The medicine cupboard and trolley were locked and only

staff trained in medicine administration had the key to the cupboard. We looked at the MAR charts and found that administered medicine had been signed for. However, where there were variable prescriptions for example, such as take one or two tablets, the number taken was not recorded. We discussed this with the clinical leads and the registered manager and they told us they would ensure that staff recorded the actual dosage given.

The home was clean and odour free. People told us the home was always clean and tidy. Hand washing facilities and gloves and aprons were easily available for staff to use. The premises and equipment were maintained to ensure people were kept safe. The registered manager arranged for the maintenance of equipment used including the hoists, lift, stand-aids and fire equipment and held certificates to demonstrate these had been completed. The registered manager employed a maintenance person for general repairs at the service.

Requires Improvement

Is the service effective?

Our findings

People told us the food was good with plenty to eat and drink and that there was a good variety of food with choices at every meal, one person said, "The food is very good, plenty of it and you choose between the options the day before, lots of variety.". They also told us that the staff knew about their likes, dislikes and dietary needs and commented, "The food's very good and they cater for my [special dietary needs]." People also told us that they were given plenty of opportunities to get drinks between mealtimes and one person said, "You get lots of drinks". This was confirmed during the inspection when we observed that there was a jug of water or fruit juice in each room and we saw the tea trolley making it's rounds several times. During the inspection we saw staff gain consent from people. For example, people were asked if they would like to wear aprons to protect their clothes at mealtimes. This meant people were treated with dignity and respect.

Staff were well supported through a system of induction and in-house training. We found that staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. We saw that staff received training in areas such as health and safety, moving and handling, emergency first aid, food hygiene, person centred care and infection control. Other training included hydration and nutrition, values and inclusion and dignity and respect. Staff we spoke with said their managers were good at making sure they had the relevant training. They told the induction training and on-going training was good and helped them feel confident to support the people who used the service.
All the staff we spoke with said their managers were good at making sure staff had the relevant training. They said the induction and on-going training they had was useful and helped them feel confident to support the people who used the service. They all said they felt they worked in a supportive team and the training managers were good.
We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff told us supervisions was provided regularly and they could talk to the training manager, the nurse in charge or the registered manager. They told us" The registered manager is very good, approachable and the door is always open." Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that although staff had been provided with regular supervision however we found appraisals and supervisions were not always completed in line with the providers own policy. There were still 27 staff out 0f 56 that had had not received a yearly appraisal.
This demonstrates breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities), Staffing

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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).
Staff were able to describe how they sought consent from people before assisting them with any care tasks. Staff gave examples of how they would gain consent from people by being flexible, patient and allowing the person to do as much for themselves as possible. One member of staff described how they would always ask before doing anything and could tell by the person's body language and reaction if they agreed. We saw staff gain consent from people. For example, people were asked if they would like to wear aprons to protect their clothes at mealtimes. When people chose not to, staff respected this. This demonstrated that staff understood the importance of gaining consent from people and giving them a choice.
Although the staff we spoke with were generally clear about their role in promoting people's rights and choices, on the day of the inspection people's rights were not always protected as the provider was not meeting the requirements of the Mental Capacity Act 2005(MCA) or Deprivation of Liberty Safeguards. The Mental Capacity Act allows restrictions and restraint to be used in a person's support, but only if they are in the best interests of a person who lacks capacity to make the decision themselves. For example, the second floor unit was locked. We discussed this with a staff member and she told us, "If someone wanted to go out they could ask for the door to be opened and they would be supported to go out if they wished." One staff member said that in the past, they had placed the lock on the door to safeguard a particular person and they had not considered the restrictions it was putting upon other people. This meant the home could be depriving people of their liberty. We discussed this with the registered manager and clinical leads who immediately took action to review care plans and to identify people who lacked capacity to make decisions for them-selves.
Assessments had not always been made regarding people's capacity to consent to care and treatment, or record 'best interest' decisions made on their behalf appropriately. For example, one person received their medicines covertly, concealed in food or drink. This was not supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their medicines, and then consultation with the person's authorised decision maker. We discussed this with senior staff and they told us that family members had consented to the use of covert medication. However this was not associated with an assessment of their capacity or as a part of a best interest's process. This was discussed with the senior team and they agreed to complete a capacity assessment and where appropriate organise a best interest meeting.
This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities)
Two people whose records we saw had 'Do not attempt resuscitation' (DNAR) forms at the front of their records to show that if they had a cardiorespiratory arrest, cardiopulmonary resuscitation (CPR) should not be attempted. The forms were fully completed and had been reviewed. In both instances close family members and health professionals had been involved in the decisions.

Good

Is the service caring?

Our findings

Our observations of the staff showed us they were kind and compassionate towards the people who used the service. Every resident we spoke to was happy with the quality of the care given by the staff. One person told us, "They [staff] are very obliging, pleasant, kind and caring. I have no complaints about the staff. They do the job more than adequately; no way can I fault them." Another person told us, "They do respect my dignity even when the chaps bath me they always ask me if I would prefer a female but I don't care."
One visitor was happy with the care their relative was receiving. They said, "They treat [person living at the home] well with respect and look after their dignity like taking them to their room to change their cardigan not just doing it in front of everybody". Another person told us, "They look after me like my parents used to, nothings too much trouble."
During the inspection we observed instances where staff interacted positively with people, and where they demonstrated affection for their well-being. For example, we saw one person who was seated in a communal lounge who was very distressed. A staff member came and sat with the person and tried to reassure the person and engage them in a conversation.
Staff told us that, in a lot of cases, people had stayed at the home as part of a respite care programme, prior to moving in on a permanent basis. This had helped with the transition for the person, as they were familiar with the home. It also gave the staff the opportunity to get to know the person.
The staff showed patience, gave people lots of encouragement and had respectful and positive attitudes. We saw that the staff members engaged with people, talking in a friendly, caring respectful manner. People we spoke to told us "Staff are wonderful and well trained and well supported by each other." Another person told us, "They [the staff] have been trained well." However, one person told us, "They [staff] haven't got the time to do more than say hello, how are you?" Another person told us, "Very kind and caring but overworked."
Records were completed using appropriate and respectful terminology, and when we heard staff talking and at handovers they referred to people respectfully.
We also observed people were treated with respect and their dignity was maintained. Staff were able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. We saw people were discretely assisted to their rooms for personal care when required staff acknowledged when people required assistance and responded appropriately.

Good

Is the service responsive?

Our findings

All of the people spoken with said they received help and care when they wanted it, although at busy times there could be some delay, "If you want care they are pretty smart with it, very rare they hang around, there are occasional busy times when you wait a bit," and that they were in control of the shape of their day, "I can choose when I want to go to bed or have a bath, you can do as much as you want to."
People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's daily living needs.
We found that people's care and treatment records were regularly reviewed to ensure their care and treatment was up to date. The training manager told us they had implemented a system called 'resident of the day.' This allowed each person to be reviewed at least once a month with the involvement of the person, other health professionals and families. People who lived at the home and their relatives were actively encouraged to give feedback about the service.
The registered manager told us about meetings with families and carers. The registered manager told us the meetings were held every three months and gave attendees opportunity to raise any concerns they may have had or to share ideas about how they could make things better for people using the service. For example, the registered manager told us about a display board they were developing that would inform families about the colours of uniform and the roles and responsibilities of individual staff .In contrast relatives told us that they did not receive minutes from relatives meetings and that notification was by sticking a notice on the internal front door.
We were shown around the home when we first arrived. We saw there was an activities board displayed in the reception area downstairs. There were limited activities advertised on the board or anywhere else around the home. There was a reminiscence photo montage in the dining area. However there were no other reminiscence areas, no sensory rooms for care staff to use to engage people living with dementia in meaningful activities. One person told us, "I don't go into the lounge it looks so gloomy."
During the inspection we saw there was a lack of stimulation for people during the day. We saw people sitting in chairs in lounges throughout the day. We did not see them being asked or encouraged to be involved in any social activity. One relative told us there was very little group or individual activities. One person told us "There are some singers who came around three times a month and we had a sing song." Another person told us, "Since the activities co-ordinator left there is now very little group or individual activities." A further relative told us "Activities are lacking, not enough at the moment." Both people living at Northfields and relatives visiting there told us they would like more activities to be available to people. We discussed this with the registered manager and they confirmed that they had recently recruited and activities co-ordinator to create social and leisure opportunities for people living in the home.
There was a complaints procedure in place and we saw a copy of the written complaints procedure in the entrance area of the home. The registered manager told us that there had been three informal complaints within the past year. Our review of the provider's complaints folder confirmed this. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint. When we asked people using the service if they knew how to make a complaint one person told us, "No I haven't been

told, haven't wanted to make one, I would go to the desk". Another person said, "There are relative's meetings with everybody from manager to the cleaner, where you can raise complaints and queries and get told about repairs and events." Another person told us they knew that, "I have made a complaint, I spoke to the manager and he sorted it out."

People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was registered with the Care Quality Commission. People told us that they were aware there was a registered manager in post. One person said, "I see the manager but have not talked to him. Another person said, they felt the registered manager was "defensive and hostile" in a relatives meeting.

The staff members we spoke with said communication with the management team was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One staff member told us, "The registered manager is very good, he's approachable and his door is always open."

The service had various quality assurance and monitoring systems in place. We looked at the audits completed by the service. Audits covered areas such as the environment, equipment, medicines, care plans, pressure sores, and falls. This ensured that the service complied with legislative requirements and promoted best practice. Where improvements had been identified, the registered manager ensured that they checked on the relevant area again after several months to ensure that the improvements made had been effective and were being sustained. We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

Health care professionals we spoke with also told us, "They are a good bunch [staff] and in the management team there are some excellent individuals. The only down side is when they have to use agency staff."

Two visiting relatives told us they were satisfied with the manager's responsiveness. One said "You can speak to the manager and the staff about anything that isn't working too well."

We found that families meetings were held to share information and obtain people's views. One relative told us that whilst they attended 'residents meetings' they had approached the owner to suggest a 'relatives forum' so that detailed information and updates could be shared. The relative told us that the owner was quick to respond and the 'relative's forum' took place on a regular basis and they were fully involved in the meeting process. This example showed an open and transparent approach. Another person told us "I think relatives have meetings I'm not 100% sure."

People told us conflicting things about formal feedback. One person told us, "We do surveys and give feedback." Other people told us, "I haven't done any surveys or given feedback." Another person said "They don't tell us things but we wouldn't be interested as we are only temporary."

We saw up to date copies of safety certificates for lifts and hoists, gas and fire. We saw that a fire drill had taken place within the last three months and that people had personal emergency evacuation plans in place so that people had safe care and support.

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 Assessments had not always been completed regarding people's capacity to consent to care and treatment, or record 'best interest' decisions made on their behalf appropriately

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