Jersey Care Commission

INSPECTION REPORT

Les Charrieres Care Home

St Peter

JE3 7ZQ

28 July 2021

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

Les Charrieres is a purpose built 50-bed care home located in a countryside setting overlooking St Peters Valley, to provide care for older persons over the age of 60.

The location provides a quiet and peaceful home environment with rooms located over three floors and with sufficient parking and outdoor space available to residents and their visitors.

The building by design has some generous communal space and corridors that promote community living for its residents, who may be receiving either nursing care or personal care and support.

The home was newly registered with the Commission on 15 May 2020, and this is its second inspection.

Registered Provider	LV Care Group
Registered Manager	Catia Magalhaes
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 50 Maximum number of people who may receive nursing care - 40 Number in receipt of personal care - 10 Age range – 60 and above Old age
Dates of Inspection	28 July 2021 July
Times of Inspection	9 am – 4 pm
Type of Inspection	Announced
Number of areas for improvement	One

At the time of this inspection, there were 50 people accommodated in the care home. Since the last inspection registered beds have been increased incrementally to full capacity, which was linked with the progress of the care team through training and development.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what was found during this inspection. Further information is contained in the main body of this report.

Overall, the findings from this inspection were positive with evidence of care receivers benefiting from a service that is well organised and safe. Some evaluation of the staffing situation at the outset of the inspection was undertaken to establish that adequate care and nursing staff were in place to support all care receivers. This was especially relevant due to the manager having advised the Commission, in the week prior to the inspection, of a pronounced difficulty in ensuring adequate staffing levels on account of the impact of increased Covid-19 infection rates in the community.

It was also confirmed at the beginning of the inspection, that this staffing crisis had been alleviated as a result of support provided by Health and Community Services (H&CS). This had been of much assistance and was greatly appreciated by the manager.

A review of routine staffing levels outside of the current crisis established that adequate care staff were in place although there was a potential shortfall in the registered nurse positions. This was noted as an issue which needed to be addressed in the longer term to ensure a good skill mix and to enable sufficient flexibility to facilitate absences due to staff sickness, training and leave requirements. It was noted for the maximum number of 40 nursing beds there needs to be a minimum of two nurses on day shift and one on night shifts.

In addition, the Standards also reference the higher ratio of support workers to support care receivers living with dementia. While the home is not registered as a specialist dementia setting the number of care receivers in nursing care with this diagnosis nonetheless warrants consideration for all staffing resources. This is identified as an area for improvement. A review of Human Resources (HR) folders demonstrated that safe recruitment practices were in place and were being followed.

Approaches to care and welfare were observed from the interactions which were noted by Regulation Officers and were also confirmed from comments made by five care receivers who were spoken with during the inspection. This was further supplemented by the feedback received from relatives after the visit.

Staff training and development was seen to be adequately provided from a review of the staff-training log. This area of practice was also reviewed from supporting documentation which had been provided to the Commission prior to the inspection.

The care home environment was found to be in excellent order with all external areas fully landscaped to provide some very peaceful and comfortable outdoor space. At the time of inspection, this was being used creatively to facilitate some visiting which remained subject to restrictions arising from the pandemic.

Engagement with the provider's Clinical Director was also undertaken as part of this inspection to clarify some operational matters relating to managing complaints. This confirmed that the provider had taken steps to address and improve the systems for responding to complaints or concerns that may be raised by care receivers or relatives. Such issues had been brought to the attention of the Commission through routine enquiries in recent months by relatives and healthcare professionals.

INSPECTION PROCESS

This inspection was undertaken by two Regulation Officers with two days' notice provided. This was considered necessary due to constraints on the home and that its staff team needed to manage a situation arising from the rise in Covid-19 infection rates. The Care Home Standards were referenced throughout the inspection.[1]

The Regulation Officers focused on the following areas during the inspection:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

Information submitted to the Commission by the service since the last inspection was reviewed prior to the inspection visit. This included notifications and any changes to the service's Statement of Purpose. Specifically, attention was given to the changes to bed numbers which currently meets full capacity. Furthermore, some reference was given to recent correspondence and information received from clinical practitioners working for Health and Community Services (H&CS). This information had been subject to review and oversight by the Commission and the themes which arose were revisited during the inspection with the manager and subsequently, with the Clinical Director.

The timing of this inspection was routinely planned but unfortunately coincided with the home experiencing some significant shortfall in staffing due to increased infection rates of Covid-19 in the community. Due to this increased risk, the two Regulation Officers limited some of the usual engagement that might take place with residents

[1] The Care Home Standards and all other care standards can be accessed on the Commission's website at https://carecommission.je/standards/

and staff within the home environment. To compensate for this and to gather supporting evidence, 15 relatives/friends were contacted after the visit to seek their feedback about any observations they had about the care provided in the home.

Some analysis of how the home processes referrals for admission took place on this occasion and prior to the visit. This was undertaken considering both the requests for variations of conditions received in recent months and the correspondence received over the same period from H&CS clinical practitioners. It was apparent that the home had, over the course of the past year, had several short-term admissions. These related to people who were requiring a level of rehabilitation following hospital admission before being discharged home.

Within the care records and other documentation reviewed, a copy of an inspection report carried out routinely on 15 July 2021 by a Senior Pharmacist from Health and Community Services, was also reviewed.

The site inspection commenced with a walk around the perimeter of the home including the landscaped gardens and parking areas found directly to the front of the home (which included nominated disabled places), and to the rear. Some consideration was given to the privacy needs of residents where there is direct footfall past ground floor bedrooms.

A review of all care areas was undertaken at the commencement of the visit and on a few occasions during the day, to observe activity and interventions being carried out by care staff. There were observations made of the dining experience, which was planned with reference to the previous inspection and with regard to some comments made by five care receivers who spoke with the Regulation Officers.

Due to the time pressures affecting the staff team, which had been depleted in numbers due to Covid-19 in recent days, the manager made a room available and ensured that staff were afforded time to meet with Regulation Officers. This enabled discussions to take place without interruption but was also informative and gave context to the immediate work pressures which the home was experiencing at that time.

A review of training and development of the team was discussed. The discussions also confirmed the managerial systems and structures that were in place, and the back-up systems that were available if the registered manager was absent.

Ten care records were viewed from the electronic care recording system which was in use. This enabled the Regulation Officers to evidence that the expected review and evaluation of all care planning, to support all care receivers, was taking place appropriately.

Further to discussions that had taken place prior to the inspection, some of the Significant Restriction on Liberty (SROL) authorisations, which were in place for several residents were explored. It was noted from this review that the majority of the authorisations related to care receivers who were in receipt of nursing care. This was appropriate to the registration of the home. The manager was requested to

further clarify their understanding of, and the process associated with admission to the home of care receivers who may be subject to SROLs.

Following a discussion with the manager about how complaints received in recent months have been progressed and/or resolved, further clarification about policy and procedures was established from correspondence with the provider's Clinical Director. This was undertaken to confirm that the expected governance arrangements which are in place are reviewed and revised if the systems prove inadequate or ineffective. A review of the provider's quality assurance framework as part of this inspection, was undertaken with consideration of the monthly provider reports which are held on file in the home.

INSPECTION FINDINGS

Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

An initial review and discussion with the manager focussed on some of the extremely challenging operational issues which had been brought to the attention of the Commission (by the manager), during the previous week. This was due to an acute staffing crisis. The problem was beyond the control of the manager or the provider as staff were needing to be removed from practice, due to the track and trace system. This was in the context of increasing Covid-19 rates over the previous few weeks.

The staff team comprises the registered manager, the deputy manager, registered nurses, care assistants, an activities co-ordinator, a receptionist / administration assistant, maintenance, domestic, laundry and catering staff.

The recruitment process was reviewed from a discussion with the manager and sight of five Human Resources (HR) folders. It was clarified with the manager that some of the underlying issues associated with the staffing shortage at this time was related to both infection rates but several registered nurses being on planned leave. This unfortunate set of circumstances had led to some excessive hours being worked by some registered nurses, exceeding 48 hours. It was acknowledged that this situation had been unavoidable on account of the exceptional adverse circumstances.

From a review of the staff complement of registered nurses and the duty roster, it was apparent that a review of this key staffing resource was necessary to ensure that the minimum number of registered nurses is consistently available. There should be sufficient numbers of staff to facilitate planned leave, training and development and unforeseen absences. In addition, where increased care needs may also dictate, there must be the capacity to increase numbers of nursing staff as

required. This is an area for improvement. It is required that the existing situation in respect of the recruitment, retention and deployment of nurses be reviewed to ensure that the registered nursing care needs for up to 40 care receivers can be consistently met.

There was also a discussion with the manager regarding responsibilities for safe recruitment and the sharing of information that is required when staff who are not employed to work in the home may provide support (as on the day of the inspection) due to an unforeseen crisis. It was highlighted as to the potential confusion relating to employment responsibilities particularly in the event that there is an accident or incident in the home. For example, staff who have been provided by H&CS remain employed by the Government of Jersey despite providing input at the home. It was acknowledged that the level of urgency was such that this arrangement had been both essential and of great support to both the home and care receivers.

Three members of staff who spoke privately with Regulation Officers provided some very helpful testimony about their experiences and conveyed this in a positive way. It was however evident that there were some frustrations and confusion about the principles that must be applied in practice which relate to infection control policy and procedures. The need to support visitors in meeting infection control requirements required more involvement of staff than would occur in more conventional times. For example, staff need to convey care receivers to limited and more specific visiting areas whereas visitors would usually be able to move more freely to visit their loved ones in their own rooms. This was having an adverse impact on the time that care staff have available to provide the direct care and interactions with care receivers.

Although these discussions referenced the challenging work experiences relating to the pandemic, it was clearly apparent that staff were able to provide good evidence that the workforce was comprised of people with the appropriate values, attitudes and understanding and who had received robust levels and quality of training. Although some of the staff were relatively inexperienced, it was evident that they were also insightful, confident and well informed. This was considered a positive reflection of the team and culture of the home.

Feedback from care receivers during the visit confirmed their appreciation of the manager and the team as did a number of relatives/friends who were contacted following this. Comments and feedback included some of the below shared with Regulation Officers:

“We like the home, they always contact us, staff are good”

“Very responsive to our enquiries”

“Staff communicate well, informative and sensible, all nice people and friendly”

“Everything really fine”

“Staff are very friendly and approachable”

“Very impressed with how they approached Covid”

"Staff have been great, Xxx has been meticulous"
"A number of staff have been very welcoming"

"Xxx was brilliant"

"Staff very attentive"
"Staff very caring, also noted very smart and appreciative of activities"

"Amazing home, Xxx very happy, is well cared for, Covid visiting was very challenging but happy that it happened. Staff and manager really impressive, nothing is too much trouble. They are always calm and understanding"

"Those staff present are calm and amazing"

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

Prior to the inspection visit, some discussion and review were undertaken with the manager in relation to practice issues for admission and discharge of short-term respite stays. Some of these related to planned discharges from hospital to home via a short stay in the care home, where a period of rehabilitation was required. This provision was supported by H&CS healthcare professionals.

Reference was made to the occupancy rates and the progress of such packages of care with consideration to how care plans might be coordinated with external agencies and allied healthcare professionals. The positive outcomes for several care receivers who had progressed to being discharged home following relatively short stays in the home, was highlighted from this. However, the terms of reference for all admissions was clarified with the manager. In each case, admissions must accord with the home's Statement of Purpose and conditions on registration. This is an important area of care which relates to Standard 5 in that all care receivers must be fully informed and engaged with their own care planning process. This may require some formal engagement with other agencies including H&CS. This coordination, assessment and engagement is needed from pre-admission through to discharge, in the event that the care receiver does not wish or does not need to remain in a care home environment. The manager was able to successfully convey and illustrate the manner in which the expected procedures are applied and how a review of such care packages takes place.

Ten care records were reviewed from the electronic Fusion system. A consistent and systematic approach was noted for the reviews and evaluations that are completed for all care plans. The electronic recording system promotes real time record keeping and promotes timely reviews for any changing care needs.

Care plans provided helpful and practical information to which care staff could refer to guide them in supporting care receivers. This was demonstrated in the example of one care plan which referenced that the care receiver often experienced confusion which required that specific interactions and interventions were employed. Care planning content in this case aimed to minimise the confusion with a focus on respect for the individual's wishes and preferences. In addition, it was noted that family members had also been engaged to support the staff in compiling the care plan where otherwise information on file may have been limited. This was important on account of the care receiver's difficulties relating to communication, which meant that their participation in the care planning process had been limited.

Risk assessments and reviews for SROL authorisations which were in place were noted. These tended to relate to situations where care receivers had limited capacity and needed support with routine personal care and needed nursing care interventions. Best practice principles were evidenced as being upheld in these examples and it was clear that the home and manager initiated the necessary reviews and ensured that input was sourced from external agencies and professionals as necessary. In situations where care receivers had needs relating to mental health or had limited capacity relating to self-determination and making informed choices, this was recorded in the documentation.

There was standardization in how the care records were completed with reference to the different core assessments which were in use. These included assessments relating to skin damage and risk (Waterlow and body mapping diagrams). Monitoring and recording of scores are maintained and reviewed. Similarly, risk assessments for mobility and falls were clearly recorded, with review dates identified.

The home routinely submits notifications of accidents and incidents to the Commission. Prior to the inspection, four notifications were reviewed. These were then cross-referenced, during the inspection visit, with those maintained on file in the home. This confirmed an effective and seamless reporting mechanism is in place and which is overseen through the quality assurance principles undertaken by the Compliance Manager.

The Social Activities co-ordinator provided some very helpful and comprehensive summary of the work that they undertake to meet the requests and/or preferences expressed by the care receivers. It was noted from this that they also incorporate 1:1 social activity. These types of interaction are often gentle and informal and include, for example, escorted walks around the grounds. However, while such examples are relatively simple activities, the co-ordinator was able to recognise their value and importance in promoting both mental and physical well-being. Feedback provided by relatives was positive and included, *"My Xxx speaks highly of the Social Activities Co-ordinator".*

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

The themes from all feedback received was very complimentary of the staff group and this was supplemented from observations which the Regulation Officers were able to make of staff when engaging with them in the inspection process.

Discussions with some care staff established that they felt well supported by their manager, but the Regulation Officers also noted the nature of stress and challenges that were being experienced by staff at that time. Staff needed to protect the most vulnerable care receivers by having to apply infection control practices throughout their working day such as wearing face masks. Alongside this, they have had to balance the needs of care receivers with supporting visitors to the home, all within the context of the existing constraints of infection control practices and workforce testing. It was noted that there have been regular changes to these systems in line with Government of Jersey advice and guidance.

A review of the training log and competencies of care staff evidenced an appropriate skill mix and with staff obtaining relevant qualifications such as Level 3 Regulated Qualification Framework (RQF) for medication management. It was noted from the inspection findings made by a Senior Pharmacist H&CS that there had been some recommendations made relating to practice relating to record keeping protocols. The manager confirmed that these had already been actioned on receipt of the report.

With reference to some background enquiries and observations made in correspondence with the Commission from H&CS clinical practitioners in recent months, some discussion around staff training and competencies was undertaken. The ethos of training and induction that is provided to new staff and the ongoing mentoring which is provided to these staff were noted from the manager's summary about this matter. Mentoring remains in place until the new employee feels confident and secure in their working practice. It was also of note, that the home has access to its own internal training academy for the provision of training. The home also sources training from external providers as required. Training is provided both face-to-face and online with a practice development healthcare assistant (HCA) also available who regularly visits the home to provide 'hands on' training.

One allied professional provided a very positive summary of their experience of working with the home and the staff team. They confirmed they found the manager and team very accommodating and fully engaged in finding ways to meet the individual needs of the care receivers they had referred to the home. Furthermore, they confirmed that on occasion staff have gone out of their way to assist beyond their immediate role and responsibilities in the home to assist care receivers with a transfer back to their own home, for example.

It was clarified that specific training needs may arise for, for example, the use of specialist equipment. The manager was able to convey clear aims and objectives

which are followed in such cases, which includes making referrals for specialist training if so indicated.

One area which was given particular attention during the inspection was in respect of the home's function and Statement of Purpose. The home's registration clearly defines the home as providing both nursing and/or personal care. Within the operational remit of the home, there is provision for short term respite placements.

This need may arise from referrals from hospital when further periods of recovery in a supportive care environment are indicated before a discharge home can be considered. The skill mix and care environment of the home is recognised as being one which does not support an intensive rehabilitation facility. Such provision would require the employment of allied healthcare professionals as occupational therapists or physiotherapists. This was clearly established from a discussion with the manager and supporting information that they had provided prior to the inspection visit.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

The Regulation Officers observed the use of 'walkie-talkies' by staff for communicating around the large home where care is provided over three floors. It was however clarified with the manager how this communication aide is utilised and restricted to team leaders only. It would be of concern if such devices were more widely used by more staff as this could be invasive and disruptive to the otherwise peaceful home environment. However, the manager had not received any negative feedback concerning use of walkie talkies. This was confirmed by care receivers at inspection, and it was noted that more discreet call alarms were in place. This call system is utilised by both care receivers and staff where additional support is required.

The home has been fully operational for over a year and was found in very good order with the external areas providing some pleasant and peaceful areas for care receiver and their visitors to enjoy. However, one issue highlighted in feedback received from relatives and noted by Regulation Officers related to the limited access to any community outlets as shops, cafes, pubs or parks. Also, there is limited opportunity for care receivers to exercise by walking in or around the grounds. Although there is generous parking provided, there is regular traffic flow around the perimeter of the building and the lanes are narrow.

There is a minibus available but in practice, access to this is sometimes limited as the vehicle is shared with another home operated by the provider. While restrictions are currently in place for how many can travel in such vehicles, it nonetheless remains an area which should be considered for the longer term. This would be likely to have the impact of minimising any sense of isolation which care receivers might otherwise experience if the opportunity to go out and about in the community is

not readily available. Notwithstanding this matter, Regulation Officers were able to fully appreciate and recognise the benefits in living in a relatively remote but peaceful location in the countryside.

Use of communal space and the dining areas was observed during the inspection. The dining experience was observed in practice, was discussed with some care receivers and was explored with the manager. The communal spaces including the dining room were noted to promote a positive and engaging atmosphere with care receivers encouraged to socialise with each other and with choice provided relating to their preferences. However, staff were also mindful of potential challenges that may arise if some care receivers may not wish to socialise with others. Attention is given to changing table settings and gatherings to promote regular choice and to reduce the possibility of either social isolation or conflict. This was noted in practice and evidenced from information and context established by engagement with two care receivers prior to their convening for lunch.

The design of the home and work which is undertaken in supporting individual and group activity each contributed to the environment being a pleasant one, where care receivers achieve the maximum benefit. One area of concern was highlighted to the manager concerning the lack of privacy for care receivers whose rooms were on the ground floor which is passed by visitors. It was noted that there were no net curtains in situ and that it was possible to have sight into care receivers' rooms. This has been an outstanding issue since the home opened, and there was a delay relating to the supply and fitting schedules. The manager confirmed that this matter was in the process of being addressed.

One visiting healthcare professional reported that they have always found the home to be welcoming and with "*a lovely energy*" which has promoted comfort for care receivers.

Regulation Officers were pleased to note that the home has some provision of gym equipment as located in the large activity room which also facilitates film or television viewing for small audiences. The provision of exercise machines to facilitate physical and mental wellbeing is positive. This provision may also be accessed by staff when this room not in use by care receivers. This was viewed as a positive approach in supporting the general welfare needs of both care receivers and the staff group.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."

It was evident from discussions and correspondence with the manager prior to the inspection, that management structures are adequately in place and with good systems of governance to support this.

The information and notifications that are submitted to the Commission in the weeks prior to the inspection, provided good evidence of the service being well managed.

Risk assessment and management is incorporated into the home's general operation and is underpinned by a strong quality assurance framework. Monthly reports on file were reviewed to confirm that a consistent approach in assessing and managing risk is applied.

With reference to managing complaints or concerns, some file notes were reviewed prior to the inspection. These included areas of practice where the manager had engaged in dialogue and correspondence with external agencies. This information had also been provided to the Commission by both the manager and the agency and was reviewed as part of the inspection process.

One aspect of managing complaints was noted as lacking a clear pathway. Specifically, it was difficult to ascertain, from the information available to the Regulation Officers, as to how one complaint had been resolved. This was subsequently clarified by the Clinical Director who provided a comprehensive summary about this matter and undertook a wider review of the provider's process for addressing complaints.

It was noted from the information provided by the Clinical Director, that some adjustments had been made that will place the manager more centrally to the complaints process, in order that they remain fully engaged and updated about all procedural matters. It was evident from this summary, that the provider had reviewed the process in some detail and had recognised some potential gaps in the existing governance arrangements and that this might not promote the most effective and prompt mechanism for responding to complainants. The underpinning quality assurance framework is enhanced by a monthly audit of any complaints which are received or being progressed. This is also incorporated as part of Board meeting reviews. The summary therefore provided assurances as to how the provider had addressed this matter comprehensively to better promote best practice.

As referenced previously, it was apparent that some attention was needed in relation to the management and recruitment of registered nurses to ensure availability is not undermined by absence relating to either sickness, training or annual leave. This may require managerial review and it is also indicated that some consideration be given to shift planning. While this was not a concern directly identified during the inspection, some feedback received from a variety of sources indicated that, on occasions, the staffing levels appeared stretched and that there had been some delays in responding to call alarms or in answering the telephone. Although the impact of Covid-19 has evidently worsened the situation, the intelligence received by the Commission suggested that some of the staffing deficits predated this period.

With reference to minimum staffing levels, the home meets the recommended staff ratio for its registered nursing and personal care number. It was noted however from a review of the profile of care receivers, that a high proportion of care receivers who are in receipt of nursing care have underlying dementia diagnoses and other associated needs. Such presentations often require higher levels of engagement and support which may be more time consuming particularly during mealtimes and in situations when personal care needs are being met. It was reported by some relatives that they observed that staffing resources appeared stretched on occasions particularly when support with the needs described above is required. In relation to

matters such as these, there is a clear need for scrutiny and attention to be given to the overall demands on the care team. The manager confirmed that this is a focus of their attention in managing the service.

Some consideration was also given to the deputy manager role and the responsibilities that may be delegated if the manager is absent for any length of time. It was noted from this discussion, the support and development for this postholder that has been provided since they came to post. This is also backed up by a robust and supportive governance arrangement which is in place and overseen by the Clinical Director and other members of the provider governance team.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 3.9 **To be completed by:** With immediate effect	Some attention and review should be given to registered nurses in post. This should be considered with reference to shift planning, annual leave planning and, if indicated, some further recruitment of nurses. Also, with consideration for the nursing needs of those living with dementia to ensure staffing ratios are adequate to meet these related needs for 40 nursing registered beds.
	Response by registered provider: Resource planning is a priority and is reviewed on a weekly basis with both the Clinical Director and the COO. We have been working with HR to advertise and resource nurses both locally and from the UK. The Group is currently screening 3 nurses for the LV Group with a start date of mid October. We have further nurses in the interview pipeline. We are presently supplementing our current nurses, with the collaboration of bank qualified nurses and confirm that we have the correct number of nurses in the home as per statement of purpose. Safety crosses are also undertaken in terms of residents needs to ensure correct resourcing is available per resident need.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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