Cornwallis Care Services Ltd

Karenza Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Karenza Care Home is a care home registered to provide nursing and personal care for up to 22 people. At the time of our visit there were 22 people living at the service. Karenza Care Home is situated in the town of St Agnus. It is a single storey building with a range of aids and adaptations in place to meet the needs of people living there.

People's experience of using this service and what we found
Where a person was at risk of choking their care, records had not been updated and it had not been reported in a subsequent review. Although staff were aware of the change in risk through the handover record there was a potential for staff not to have the information to mitigate risk. We have made a recommendation about this. Other care plans had appropriate risk assessments in place, and they were being followed by staff. Environmental risks had been identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

Staff were not receiving formal supervision to measure performance, training and wellbeing.

Systems to assess and monitor the quality and safety of the care provided were not in place. There had been no quality assurance reviews to gain the views of stakeholders of the service in order to measure the effectiveness of the service.

The service did not have adequate storage facilities. Some equipment was stored inappropriately. Large boxes of continence equipment and a chair scales were stored in a small connecting lounge used by some residents who were independently mobile. Disposable urine bottles were stored on top of a radiator cover for a resident who chose not to have them in their room. This was undignified. The premises were clean and generally well maintained. Where faults or repairs were needed these were rectified and recorded.

There was a vacancy for an activity coordinator. Staff told us they did not always have time to provide meaningful activities for people. This meant people did not experience a choice of activities to participate in or be stimulated by. We have made a recommendation about this.

The registered manager was also registered manager for two other services registered with the provider. They were not based at Karenza and relied on information about the service being shared by an interim oversight manager. A manager had recently been appointed to commence in the near future and it was the intention for them to apply for registration following a probation period. However, findings at this inspection had not been identified or acted upon by the registered manager.

Staff told us it was "always busy" and "It really is tough at times and we rely on agency staff a lot, but they are regular so know the residents well." At this inspection we found no evidence that staffing levels were unsafe and there were enough staff on duty to meet people's needs. The service was heavily reliant on

internal and external agency staff. Apart from the occasional short notice absence, shifts were always covered. The service had some staff vacancies and recruitment to these posts was on-going. Recruitment processes were safe.

People's health conditions were being managed and where people needed specific care, to manage on-going conditions, there were treatment plans in place that provided clear instructions for staff. Treatment plans were followed, and daily records of the care provided were completed, after each intervention, helping to ensure people received consistent care.

People's care plans were person-centred and reflected each person's needs and preferences. Call bells were frequent as many people either remained in bed or in their room, due to clinical needs or choice. Calls were responded to quickly, but staff told us it could be difficult to maintain. We observed people were relaxed and comfortable with staff and had no hesitation in asking for help from them. A relative told us, "They [staff] are absolutely wonderful".

The building was clean, odour free and there were appropriate procedures to ensure any infection control risks were minimised.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Suitable visiting arrangements were in place for families to visit as per current government guidance.

People received their medicines safely and on time. Medicines were safely stored and managed. However, staff responsible for medicines did not receive checks to ensure they were competent administering and recording medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
This service was registered with us on 30/03/2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Karenza Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The Inspection was carried out by one inspector.

Service and service type
Karenza Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Karenza Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with seven people living at Karenza Care Home. We looked around the premises and observed staff interacting with people. We spoke with the registered manager. The registered manager was registered for three services within the providers group of homes including Karenza Care Home. At this location there was a temporary overseeing manager. We spoke with both managers. We also spoke with one nurse, five care staff and one housekeeper. We also spoke with a relative.

We reviewed a range of records. This included three people's care records, medication records and two staff recruitment files. We also looked at a variety of records relating to the management oversight of the service. These were audits of the care provided and maintenance and safety checks of the premises.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Where a person was at risk of choking their care records had not been updated and it had not been reported in a subsequent review. Although staff were aware of the change in risk through the handover record there was a potential for staff not to have the information to mitigate risk. In general risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. The registered manager took immediate action to update the risk assessment and review. Other risk assessments reviewed were satisfactory.

We recommend that the provider strengthens their monitoring systems regarding risk and reviews.

- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- All equipment was regularly serviced, and staff understood how to support people to move around safely. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- Staffing levels were constantly being monitored to ensure they were safe. The registered manager told us recruitment was ongoing and there were current vacancies, but that recruitment in general was difficult. Short notice absences were covered wherever possible.
- There was a reliance on agency staff both internal and external. Agency staff told us they regularly worked at the service so knew the residents well. One person said, "I am here more often than not. I know the residents and the routines."
- Call bells were responded to in a timely manner. Staff told us many people remained in bed or their room due to clinical needs or through choice and therefore there was a higher proportion of calls. People we spoke with told us that in general they had a good response if requiring support, but some said they could wait "a bit longer than I would like".
- Staff recognised when people needed support and had enough time to engage with people in a meaningful way.
- The provider's recruitment practices were robust, and staff confirmed appropriate checks were undertaken before they supported people living at the service.

Systems and processes to safeguard people from the risk of abuse
● People told us they were happy living at the service and felt safe.
● People were protected from potential abuse and avoidable harm by staff who understood and knew about the different types of abuse.
● Staff received appropriate safeguarding training as part of their initial induction, and this was regularly updated.
● The service had effective safeguarding systems in place and staff knew how to report and escalate any safeguarding concerns.

Using medicines safely
● The service was using an electronic medicines management system. People received their medicines safely and on time. Staff were trained in medicines management. However, there were no systems in place to test competency and ensure staff were competent in the services medicines systems.

We recommend the provider introduces a system of ensuring staff responsible for medicines are competent.

● When people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
● There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Temperatures of the medicines fridge and medicine room were recorded daily.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "I think they have a good and safe system. They [staff] are doing all they can to keep residents safe".

Learning lessons when things go wrong
● Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had fallen.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

● Staff told us they were not receiving supervision support to discuss operational issues, training and development and wellbeing. The manager overseeing the service confirmed they were not currently taking place and were waiting for a new manager to commence their role which would include staff supervisions. Staff told us, "I have not had supervision with the manager or anyone, and "I do think we need that support. It is all so busy and full on." There was not a consistent approach in supporting staff to maintain their professional skills or knowledge of best practice.

The provider had not ensured all staff received appropriate professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The service was updating all training for staff following some delays due to the impact of COVID-19 pandemic. The administrator monitored individual training for staff and reminded staff when training was due, so all staff were up to date with best practice.

● Staff, new to the care sector, were supported to complete induction training in accordance with current good practice.

● People received effective care and treatment from competent and knowledgeable staff who had the relevant skills to meet their needs. One member of staff told us, " do my mandatory training and we are reminded when its due"."

● Recently employed staff told us they had received induction training and shadowed more experienced staff until they felt confident and capable to work independently. One staff member said, "I felt supported by the other senior staff and I thought it was a good induction".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

● People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met. There was a multi-disciplinary approach to ensuring the service could meet a person's individual needs.

● People's assessed needs were identified, and care and support was regularly reviewed.

● Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

●People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.

● Hot and cold drinks were served regularly throughout the day to prevent dehydration.

● Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.

● We observed lunchtime service. People were offered choices of what to eat and drink. The food provided was well presented. Staff supported people who required assistance in a kind, respectful and dignified way. They gave people time to eat and drink at their own pace. It was clear staff understood people's likes and dislikes. Some people were supported to eat and drink in their rooms and staff supported this.

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

● The service did not have adequate storage facilities. Some equipment was stored inappropriately. Large boxes of continence equipment and a chair scales were stored in a small connecting lounge used by some residents who were independently mobile. Disposable urine bottles were stored on top of a radiator cover for a resident who chose not to have them in their room. This had the potential to compromise the person's dignity. Staff told us storage in the home was a significant problem. The manager said, "We just don't have any additional storage space.

The provider must ensure the premises used by people have suitable storage space. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The premises provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions where possible. This was limited in some rooms as people had been admitted for short term residency.

● Access to the building was suitable for people with reduced mobility. Some corridors were quite narrow although they did accommodate wheelchairs. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

Supporting people to live healthier lives, access healthcare services and support

● People's health conditions were well managed, and staff engaged with external healthcare professionals including occupational therapists, physiotherapists and dementia liaison nurse.

● There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.

● Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.

● Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

● Two visiting health professionals were carrying out an assessment with a person to support their health needs. Staff told us they had a good working relationship with other professionals and there was a GP visit every weekend as part of a weekly 'ward round'.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people receiving care and support from a caring staff team. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded to their needs. Two people told us, "They [staff] are very kind and helpful. I know they are always busy, but they really make time for me" and "I might have to wait a little longer than I would like sometimes, but on the whole the staff do an exceptional job." A family member told us, "[Relatives name] is so happy there and the staff are so caring. I don't have any worries".
- The service respected people's equality and diversity by respecting people's choices and views without discrimination. Where staff members required additional support to carry out their role the management team had put systems in place to support them.
- Staff maintained positive and caring interactions with people in communal areas or in people's own rooms. We observed staff address people by their preferred names.
- Staff carried personal care tasks behind closed doors to maintain people's dignity.

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

- Relatives and where possible people using the service were involved in their care planning. One person told us, "Yes they discuss my care with me and what I need". A relative said, "I feel I am involved and they [managers] keep me updated. I feel they listen and act on my views".
- At lunchtime we observed staff giving people choice of what to eat during lunchtime. People were observed to be sitting where they chose and with people they chose to be with.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring, at all times, that doors were closed when providing personal care.
- People's right to privacy and confidentiality was respected.

● People's personal relationships with friends and families were valued and respected. While still complying with infection control and COVID testing requirements, families were able to visit as often as they wished. Relatives told us they were always made welcome when they visited.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Activities and the choice to take part in them were limited due to their being a current vacancy for an activity coordinator. Staff did not always have the time to spend delivering meaningful activities. Staff told us, "We try as much as possible to play some games and watch films together". One person who remained in their room due to their clinical needs told us, "The staff come in regular and have a chat about things. I never feel bored." The registered manager told us an active recruitment process was underway for an activity coordinator, but response had been limited to date. There was a current national recognition of recruitment difficulties in the care sector.
- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were complete and accurately reflected people's current needs. These were kept under review and updated as people's needs change. Records of care monitoring checks were being maintained.
- Staff had a good understanding of people's individual needs and told us care plans were informative and gave them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers. This helped ensure people received consistent care and support.
- People living at the service required specific care monitoring and treatment tasks which needed to be carried out at set intervals during the day. From observations and talking with staff we observed that care and support was being delivered in a person-centred way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. For example, there was information about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

● The service had a policy and procedure in place for dealing with any concerns or complaints.
●People and relatives told us they would feel confident raising any concern or complaints about the service. A relative told us, "I have total confidence in the manager and staff and know they would listen and act on any concern I might make".
● Where a concern had been raised the registered manager had followed the organisations policies to investigate and respond.

End of life care and support
● The service often provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
● As people neared the end of their life the service sought support from external health professionals to discuss any relevant care and anticipatory medicines to support them.
● Where possible people's views on the support they wanted at the end of their lives was discussed with them if they chose to. This helped support staff in how they responded to a personalised plan for end of life care.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

● The registered manager was clear about their role and responsibilities. They were also registered manager for two other services within the organisation. They were based at another location. This meant oversight of the service had been limited. Procedures to monitor the quality of the service had not effectively highlighted the concerns identified during the inspection. For example, a person's risk assessment had not been updated following a raised choking risk. Staff competency checks were not always taking place for medicines management. Staff were not receiving formal supervision.

Systems and processes had not been effective in identifying and making required improvements to the quality of the service. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.

● Management and staff engaged with external agencies to develop effective systems to ensure care was delivered safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There was no current system in place to engage with stakeholders of the service. For example, the organisations quality assurance reviews had not been used at Karenza. People and their relatives and staff were not asked for feedback on the service's performance and people's views were not being sought.

● There was no formal staff engagement in meetings or resident meetings where views may be sought.

The provider had not ensured there were systems for people's views to be sought and quality assurance systems to be effective. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Staff told us they did their best to provide person centred care but at times they felt rushed and care could sometimes be reactive. Recruitment was ongoing and staffing levels were safe. We found there was no impact on people and staff endeavoured to meet people's needs and preferences.

● Staff told us they were generally happy working at the service, but that morale was at times affected by fluctuating staffing levels. We judged there was no impact on people and managers were working to improve staffing levels and make them more consistent.

● People who were able, and a relative, gave positive feedback about the service. Comments included, "I like living here and have just arranged for some of my furniture to come here. Everyone is very kind", "We have moved in together and like it a lot. It's not home but we have everything we need, and it feels homely. We get well looked after." A relative told us, "I visit a lot and made to feel welcome. [Relatives name] is very well cared for. I would not want [person] to be anywhere else."

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

● There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

●The registered manager promoted the ethos of honesty and admitted when things had gone wrong.

Continuous learning and improving care

● A regular programme of audits were in place and these were used to develop the service further.

● The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery.

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 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The environment did not provide suitable storage areas and impacted on people's communal space.

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	The provider had not ensured the quality of the service was monitored effectively or that necessary action was taken to improve it.

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	The service did not have a consistent approach to supporting staff to maintain their professional skills knowledge and best practice.