

Borough Care Ltd

Meadway Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Meadway Court is a residential care home providing personal care to up to 42 people aged 65 and over. At the time of our inspection there were 32 people using the service, many of whom were living with dementia. Care is provided across two floors with a variety of single person bedrooms, some of which are ensuite, and shared communal areas.

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

Medicines were not always being safely managed. Risks were assessed and equipment was in place, but checks were not always robust enough to ensure these were working and set appropriately. Suitable staff recruitment processes were followed but there was not always enough staff who knew people and their needs. The home was clean and tidy, although robust infection prevention processes were not always being followed. People felt safe.

There was no registered manager maintaining oversight of the service in post and a notification regarding this had not been submitted to CQC at the time. The provider and managers from other services had supported Meadway Court and completed various checks and audits. These were not always robust and had not always led to appropriate action. Families and staff felt that some areas of communication could be improved. A new manager had been recruited and was keen to drive improvement and engage people, families and staff. Feedback about the manager and deputy manager was mainly positive.

Staff had completed relevant training and the new manager had begun to look at supervision and support for staff. Good practice guidance was not always followed. Work to improve the environment was being undertaken. People had mixed views about the food, and the quality of support people received varied. Records did not always demonstrate that people who required specific types of diet were receiving these and people did not always have access to drinks.

People were generally 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; policies and systems were in place to support this practice. Oversight of people who were subject to restrictions was not sufficiently robust and improvements were needed regarding record keeping.

Care plans did not always contain the most up to date person-centred information about people, and this had been identified as an area for improvements. It was not always evident that people were receiving person-centred care as some staff did not know people or their support needs. Group activities were available for people to engage with. Records did not always evidence how people who chose to stay in their rooms were supported to engage in meaningful activities.

People generally spoke positively about staff and were happy with the care they received. Not all staff knew people well and we noted some shortfalls in how care was delivered during the inspection.

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

The last rating for this service was requires improvement (published 24 February 2020). The provider was asked to complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the care people were receiving and a recent safeguarding concern. A decision was made for us to inspect and examine those risks. This inspection was also undertaken to follow up on action we told the provider to take at the last inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines and systems for oversight and managing the service.

We have made a recommendation about staffing levels and the how people are supported to eat and drink enough for their wellbeing.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meadway Court

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meadway Court 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. Meadway Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the named manager registered with CQC was not in post at Meadway Court and had not been managing this service for some time. The service, therefore, did not have a registered manager in post at the time of inspection. We requested the provider take appropriate action to ensure the named registered manager deregistered as the registered manager for Meadway Court and submit the

required statutory notification to CQC in retrospect. A new manager had begun at the home a few weeks before our visit and told us they intended to submit an application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service 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 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 reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 8 people who use the service, 4 relatives and 12 members of staff, including the manager, deputy manager, senior care workers, care workers, auxiliary staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 5 people's care records. We looked at 4 staff files in relation to recruitment, training and support. We reviewed 4 people's medicine administration records and looked at medicines related documentation and management arrangements. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we found medicines were being poorly managed which place people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines continued to be unsafely managed. Some issues identified at the last inspection had not been addressed. This included the management of variable doses of medicines, medicine storage and recording of creams and thickeners. These need to be in place to ensure these medicines were used as prescribed.
- Checks of temperature for storage of medicines were completed but arrangements for medicines requiring cold storage was not always suitable and escalated within provider oversight. This meant we could not be sure that medicines which required cold storage were stored under the correct conditions to ensure their quality and effectiveness was maintained.
- Arrangement for the provision of administering medicines overnight were insufficient. There was not always a senior at night, who could give people medicines such as 'as required' medicine they might need to manage pain, or medicines they might require in the early morning. Alternative arrangements were in place, whilst recruitment was ongoing but could lead to some delay in people receiving medicines they needed.
- A system was in place to make sure that medicines administered in a patch formulation were rotated but did not guide staff to rotate them in line with the manufacturers' directions. Written guidance was not always suitably robust in place for staff to follow when medicines were prescribed to be given "when required" with a choice of dose.

The provider did not ensure that sufficiently robust systems to ensure medicines were safely managed. This was a continued breach of regulation 12 (Safe Care and treatment) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The manager was responsive to feedback and took immediate steps to address the concerns raised.

- Staff who administered medicines had completed the training and had checks to ensure they were competent to give medicine safely.
- Sufficient stocks of medicines were available. People told us they got their medicines as they needed. One

person said, "They give me medication. I'm not sure exactly what it's all for but I get it regularly."

Assessing risk, safety monitoring and management

- Risks were assessed but were not always well managed. The provider had identified issues with some equipment, and this was being addressed. However, during the inspection we found some sensor mats were not working and call bells were not always placed within reach for those people who could use them.
- Individual evidence based assessment tools were being completed but it was not always clear that these were accurate and linked to care plans. For example, one person's air flow mattress was not set at the correct setting for their weight. We spoke to the manager and checks of the settings for all people who had these types of mattress were completed. We discussed with the provider how the checks the service already completed could be used to ensure equipment is correct for the individual as well as working effectively.
- Some areas of the home were not suitably secure and action from risk assessments were not always followed. For example, we found the sluice room was not kept consistently locked which meant people had access to chemicals which pose a risk and could become trapped in this room.
- Equipment checks were completed which included external servicing. However, these checks were not robust. We noted one instance where there was a delay in checks for the lift and the provider was unable to readily provide us with assurances of how this had been safely managed at the time. People's safety was not always effectively managed and placed them at risk of harm. This was a breach of regulation 12 (Safe Care and treatment) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager were responsive to feedback to immediate action to address the concerns found during inspection

Staffing and recruitment

- It was difficult to assess whether staffing levels were sufficient on the days of inspection as members of the senior management team and other staff attended to support the inspection which included supporting the provision on care.
- Staff generally felt there was not enough staff to support people. They told us the staffing number seen on the day of inspection did not reflect the normal staffing levels. Staffing rotas were not consistent with the number of staff present on the day of inspection. One staff member commented, "Sometimes it can feel rushed and sometimes things get skipped because we are too busy. This morning there were only a couple of us on and then around 10:30 other staff suddenly arrived to help. That would not normally have happened." Once additional staff had arrived it was not always evident that this led to improved outcomes as staff did not know people or their needs and there was a lack of planned deployment of these staff.
- Feedback about staffing was mixed. One person told us "They can be rushed, pulling and pushing. When they put me under the shower I feel as though I am being rinsed." One relative commented, "The main issues relate to staffing. If we ring up, the staff don't know. They tell us they will go and find out and ring us back but often they don't."
- The layout of the building made staff oversight difficult. Staff were not always visible within the home. A number of people were assessed as not able to use a call bell and either required more regular checks or would shout for assistance. However staffing levels were not always sufficient to ensure these options for summoning help would be effective.

We recommend the provider reviews and closely monitors staffing levels and how staff are deployed to ensure they meet the needs of people living at Meadway Court.

- Safe recruitment practices were being followed including checks with previous employers and the

disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. Recruitment records did not easily allow oversight for the manager to assure themselves that staff were safely recruited.

Preventing and controlling infection

- The home was generally clean and tidy. However, there were certain areas which had a persistent malodour despite ongoing cleaning being undertaken by the domestic staff.
- Processes to reduce risks of cross infection were not always being followed. We found examples where used continence aids and soiled bed sheets were left on bedroom floors and equipment, such as slings assigned to one person for use were shared.
- Most staff had completed training in infection prevention and control, there were suitable policies in place, and sufficient cleaning equipment. One member of the cleaning staff told us, "When fully staffed there is enough to do what needs to be done. We work as a team to keep on top of things. It can be difficult with some people due to their dementia."

Visiting in care homes

There were no restrictions on people receiving visits from friends and family in place at the time. We observed people enjoying visits from their family during the inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities and were committed to keeping people safe. The service had appropriate policies in place and most staff had completed training in this area.

Learning lessons when things go wrong

- Safeguarding concerns were investigated, and action taken to mitigate risk where possible. However, it was not always evident that these actions were followed up to ensure they became embedded in practice. For example, one safeguarding noted issues with regard to ensuring people had enough to drink and staff maintained accurate records. However, at this inspection we found shortfalls in the amount of fluids people had received and were not assured that this was simply a recording issues as we found people did not always have access to drinks.
- The provider continued to have oversight of falls management. Audits and checks showed where issues were identified these were being addressed to ensure that care plans were updated, referrals made, and relevant equipment implemented.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always provided with the support needed to ensure a balanced diet. For example, on the first day of inspection one person who required adapted cutlery to eat independently was not provided with this; and another person who required prompts and encouragement to eat, did not received this input from staff.
- Not all staff knew what diet's people needed. We found inconsistencies in the information available and where changes had occurred these had not been immediately updated in care plans and not all staff were aware of the most up to date information. One staff member told us, "It can be difficult to get information updates when you have been off for a few days." Records of food and fluid intake did not clearly demonstrate people had received the correct diet for their needs.
- People did not always have access to drinks. Care records showed people were not always getting enough fluids and on one occasion we requested staff provide a person with a drink as this person told us they were very thirsty. A recent safeguarding had raised concerns regarding the provision and recording of fluids drunk, recording of fluids was identified as an issue at the last inspection, and we found shortfalls at this inspection.
- Feedback about the food was mixed. One person told us, "The food is actually very good, and I get more than I need. I have put on a bit of weight." However, another person told us, "The food is dreadful, and we sit there for ages waiting to be served. There is no variety. This morning was the first time I've seen an egg. It's normally just porridge and cornflakes and it's the first time I've ever seen fruit." We recommend the provider review the systems in place to ensure people have enough to eat and drink which is in line with their assessed needs.

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

- People's needs were assessed but it was not always clear that this led to appropriate care. For example, several staff did not know people's needs and how to meet these, and the correct equipment was not always in place.
- Risk assessments were in place. However, it was not always evident that the relevant action was taken as needed. For example, weekly weights were not always completed where weight loss had been identified as a risk, and the accuracy of fluctuating weights was not always questioned. We discussed this with the manager who had already arranged for new scales to be available in the home.

Staff support: induction, training, skills and experience

- Most staff had completed the required training. Competency assessments in certain areas, such as

medicines administration had been completed. However, one person commented, "I don't think some of the staff know what they are doing." and we observed staff did not always follow good practice.

- Staff told us training was suitable. Staff completed a provider induction before shadowing staff in the home. However, oversight of induction was not always robust; some newly employed staff induction records were not signed as completed although they were seen working independently with people and we were not assured new staff were consistently supported within their induction. One staff member told us, "I did induction at the head office but anything practical I have picked up as I went along. There was no shadowing, I was expected to work."
- Staff felt positive about the new manager and deputy. Staff commented, "Morale has lifted with the new manager. Before we had different managers coming in." and, "It has been difficult since the previous registered manager left. I think we have done well to survive; we have muddled through."

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

- The home was accessible and various communal spaces were available for people to use. At the time of the inspection work was being undertaken to improve this, as many of the communal areas were not fully utilised. Work was also being undertaken to improve the environment and décor and we found certain areas needed this attention.
- People were able to personalise their bedrooms. However, some people's bedrooms were very sparse and not very homely.
- Some areas of the home had been adapted to meet the needs of people living with dementia and help orientate them to remain independent within the home. However, further work to improve the environment, and support people living with dementia would benefit those living at Meadway Court.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- At the last inspection we found that people did not always receive effective oral health care. At this inspection we found this continued to be an area of shortfall. We found that where toothbrushes were in place, very few had been recently used, despite daily records indicating that people had received this support from staff.
- People were referred to services where risks or needs were identified, including district nurse services, speech and language therapy and dieticians. Information was incorporated into care plans, although we noted delays in care plans being updated at times.
- People felt confident staff would notice when they were unwell and seek appropriate help. One person said, "Staff notice [family member] had a blister on their toe. They got in touch with someone and the nurse came to sort it out and told us what was going on."

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.

- Oversight to ensure people who were subject to restrictions had the correct legal authorisation and DoLS in place were not robust. Care plans did not consistently reflect where a DoLS authorisation had been submitted or authorised and the system for oversight showed some DoLS had expired. We requested the management team review the records to ensure update to date DoLS assessments had been sent for everyone who needed this, and that DoLS that had or were due to expire had renewal requests submitted to the relevant authority.
- People had capacity assessments in place which covered specific decisions, such as consent to care and treatment. Where people had been deemed to lack capacity, decisions were made in a person's best interest. However, records were not always sufficiently robust to demonstrate that the relevant people had been involved in these decisions, and that these were subject to meaningful review.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People generally felt they were well treated and supported. One person told us, "Most of them [staff] treat me very well and know what I need. When they help me with a shower everything is done in a proper manner." Another person told us, "Most of the staff are alright. They try their best and I couldn't wish for more." Where challenges in how people were treated were identified, this was often felt to relate to the challenges in staffing and recruitment found in many social care settings
- The regular staff spoke fondly of people and were committed to supporting them with kindness. Staff worked hard to meet people's needs in a timely a way as possible.
- We observed positive interactions between staff and people living at the home and the regular staff team knew people and their needs. However, on the first day of inspection we also observed a number of staff appear throughout the day who did not know people and their needs. The provider advised they had arranged for extra staff to support the inspection and staff sickness that day.

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

- People felt involved in decision making. One person told us, "If I ask, I get." Another person told us, "I please myself with what I do. No one bothers me and I make up my own mind about what I wish to do."
- We observed staff generally encouraging people to make decisions for themselves. However, there were times, particularly busy times, when this was less apparent, and people were not given the same type and level of choice. For example, at lunch time staff did not always ask where people wanted to sit or whether they wanted to use a covering to protect their clothes when eating.
- Care plans referenced promoting choice and decision making regarding daily life but did not show how people had been involved in these discussions. However, many people did not wish to be involved in this.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was considered. One person told us, "I like to do some things for myself. I will start to walk to the sink for a wash but then I have to give up, so they help me." Care plans contained detail of how to promote independence with people.
- Staff generally respected people's privacy and dignity and regular staff were committed to delivering good quality care to people. We observed some occasions, when staff were very busy, when this was less of a focus, and noted occasions where good practice in this area was not followed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People had individual plans of care. Some of these contained good detail about people and their needs, whilst others contained out of date or inconsistent information and lacked person-centred detail. The provider had identified this and actions to address this will be taken forward by the new manager.
- Daily records did not demonstrate how personalised care was being delivered and records were often task orientated and contained limited description or detail. We noted that some of the care people received on the days of inspection were not in line with the care plans. For example, one-person's 'sleeping' care plan contained detailed information about how the person wished their room to be left when they went to sleep, but we found this was not in place.
- People did not always receive care that was person-centred. One person commented, "Sometimes when I get woken up, they put the big light on and it's like a shock waking." Another person said, "They do come in and check on me sometimes, but not always." On the first day of inspection there were a number of staff during the day who did not know people or their needs.

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.

- The service assessed people's communication needs and the manager told us they would take a flexible approach to meet these needs. This included adapting information into different languages, and text as needed.
- People had communication care plans which provided detail to guide staff on how to support them.

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

- There was an enthusiastic activity worker in post. They told us that they tried to speak to everyone every day even if they did not wish to engage in activities. We noted that this could be difficult due to time constraints and the number of people who chose to stay in their bedroom. We discussed how this could be further developed with the new manager.
- One relative told us, "There are lots of activities like karaoke, other singers and flower arranging." People did not always know what activities were on, although this information was displayed within the home. We observed the activity worker encourage people to attend group activities.

- The manager told us they would take a person-centred approach to meeting people's cultural and religious needs and would arrange input from other services, such as churches when needed.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns. One relative told us, "We have had nothing to complain about but if we did, we would just go and see the deputy or one of the others in the office." Another relative told us, "I feel able to raise concerns. Staff try their best to help but sometimes I feel like they skim over things and tell you what you want to hear. There were things that I wasn't happy with initially, but I realised it was not bothering [my family member]."
- The provider had a complaints policy and systems in place for oversight of how complaints were managed and this had identified some areas for improvement.

End of life care and support

- No one was receiving end of life care at the time of the inspection. Information regarding people's end of life wishes and decisions regarding resuscitation were recorded within the care plans. The new manager had further ideas to ensure end of life care was more person-centred.

Is the service well-led?

Our findings

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found that systems were not robust enough to demonstrate that safety, health and wellbeing were effectively managed. This was a breach of Regulation 17 (Good governance) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection we found systems to monitor quality of care failed to identify issues we found during that inspection. At this inspection we found this had not improved enough and some of the issues we found at the last inspection, such as the management of medicines and record keeping, had not been addressed and embedded as needed.
- Audits and checks had been completed by interim managers and the operation team. These had identified some of the issues identified at this inspection, but further work was necessary to address and embed the improvements needed as identified by these checks and during this inspection.
- There was no registered manager managing the service and the notification regarding this has not been submitted at the time

The provider did not ensure that sufficiently robust systems to ensure medicines were safely managed. This was a continued breach of regulation 17 (Good governance) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The manager and provider were responsive to feedback and took action to address the concerns we noted, and provided updates following inspection.

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

- The service had an action plan and audits and checks were identifying some areas where improvements were needed. The lack of manager presence had impacted on how required improvements had progressed.
- Staff spoke positively about the new manager and deputy. One member of staff commented, "Everyone here really tried [in the absence of a manager]. I feel that [new manager] has made a good difference already."

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

- The provider had not submitted the required notification to CQC to inform us there was no registered manager actively managing the regulated activities at the home. This was discussed with the nominated individual and a request made that the provider encourage the registered manager to deregister from this

location and statutory notification be submitted to CQC in retrospect. Decisions regarding CQC's response to these will be considered outside of this inspection.

- There were systems for oversight of accidents and incidents and action taken to ensure people received appropriate support to mitigate risk. Audits had identified that records were sometimes not robust enough to investigate incidents and this was also noted during this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and staff gave mixed feedback about communication. Staff and resident's meetings had been taking place prior to the new manager but there had been several changes in leadership, and a lack of consistency in communication. The new manager had begun meetings with people and staff and was keen to further develop these relationships. At the time of the inspection not everyone was able to say who the manager was.

- There were staff forums for staff to engage in provider development and share ideas and the provider had completed a survey with staff. The provider had sourced an external service called 'say so' which staff could report concerns anonymously.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that sufficiently robust systems to ensure medicines were safely managed.</p> <p>People's safety was not always effectively managed and placed them at risk of harm.</p> <p>This was a continued breach of regulation 12 (1) (Safe Care and treatment)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that sufficiently robust systems to oversight of the quality and safety of the service.</p> <p>This was a continued breach of regulation 17 (1) (2) (a) (b) (c) (good governance) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>