

St. Fillan Healthcare Limited

# St Fillans Care Home

## Inspection report

St Fillans Road  
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Essex  
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Date of inspection visit:  
21 September 2022  
22 September 2022  
30 September 2022

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St Fillans is a residential care home providing personal and nursing care up to 71 people. The service accommodates people across four separate units, each of which has separate adapted facilities. At the time of our inspection there were 65 people using the service.

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

Our visits on 21 and 22 September 2022 found poor infection prevention and control (IP&C) practices relating to the wearing, storage and disposal of personal protective equipment (PPE). The cleanliness of the premises and equipment needed to improve, including the main and satellite kitchens. We wrote to the provider on 23 September 2022 to request an update on the action taken to address the infection control and cleanliness issues identified.

The provider took immediate action to purchase additional clinical bins, provide plastic wipeable boxes to contain PPE, and confirmed a full programme of cleaning had been completed, including a deep clean of kitchens. Guidance was provided to staff, and spot checks were being carried out to ensure the correct use of PPE, including wearing of masks. Our follow up visit on 30 September 2022 confirmed the above action had been taken to prevent the spread of infection and ensure the premises were clean.

Although the provider had taken immediate action to address the issues above, the governance systems were not always being used effectively to identify and drive the required improvements. The IP&C audit had not identified the issues we found during the inspection. The dementia audit had not identified the issues we found, relating to the complex care unit, Charter. There was no clear direction for staff, and minimal attempts to divert people's behaviours using meaningful activities.

People's care records contained conflicting information which exposed them to the risk of not receiving safe care. Behaviour support plans did not provide sufficient guidance for staff on how to support people to manage times of distress and anxieties.

The service was divided in to four units, St Johns, Castle, Dutch and Charter. Dutch and Charter on the first floor were not decorated consistent with the standard in St Johns and Castle on the ground floor, especially Charter the complex care unit. The environment in Charter did not always promote people's quality of life and help them live well with their dementia.

We have made a recommendation about improving the environment for people living with dementia.

People were not always supported to have choice and control of their lives. People's mealtime experience differed depending on which unit they resided. On Dutch and Castle units' people were supported to choose when, where and what they wanted to eat. In St Johns and Charter people were not always offered a choice of meal or drinks. Staff were observed assisting people to eat from a standing position and getting up and

down during mealtimes doing other tasks. This did not make the mealtime a sociable experience.

We have made a recommendation about staff training on the subject of dementia and improving people's mealtime experience.

People, relatives and staff told us the frequent changes of managers had been unsettling and disruptive but were positive about the new management team. They told us communication and staff morale had improved. Managers and staff worked well with health professionals and other networks, such as Essex FaNs who had supported people to engage in personalised activities.

The service reviewed staffing levels regularly and had recruited new staff, reducing the need to use temporary agency staff. People had good access to healthcare and their medicines were managed safely. Systems were in place to safeguard people from the risk of abuse. Where things had gone wrong, investigations had been used as an opportunity to learn lessons, change practice and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 04 April 2018).

Why we inspected

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.

The inspection was prompted in part due to a number of concerns raised about management of the service about poor standards of care, lack of behaviour support plans, lack of staff training and the environment. A decision was made for us to inspect and examine those risks. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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 alongside the provider and 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Fillans 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 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

St Fillans 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. St Fillans 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 (CQC) 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 not a registered manager in post. A new manager had been recruited and was in the process of applying to CQC to be the registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 observed the care provided to help us understand the experience of people who could not talk with us. We spoke with three people who used the service, and 10 relatives about their experience of the care provided. We spoke with 17 members of staff including the manager, three nurses, three team leaders, four care staff, two house keepers, the cook, activities person. We also spoke with three agency care staff employed to provide one to one support to designated people who use the service.

We also spoke with the regional quality and development manager and the nominated individual responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including nine people's care and medicines records. We looked at three staff files and one agency profile in relation to recruitment and a variety of records relating to the management of the service.

# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Our visits on 21 and 22 September 2022 found failings in infection control practices and cleanliness of the service. There was not enough clinical waste bins for disposal of used personal protective equipment (PPE), these were being disposed of in general waste.
- Gloves, masks and aprons were not stored correctly, and staff were seen throughout the inspection wearing masks under their chin, or under their nose.
- Bathrooms, toilets, en-suites needed thorough cleaning, especially behind toilets and underneath of commodes. Furniture and curtains in some people's rooms were found to have stains on them and food debris under cushions.
- Sensor mats in people's rooms to alert staff if they got up, walked or fell in their room were engrained with dirt, increasing the risk of germs being transferred to the person should they fall, or touch the mat increasing the risk of acquiring and spreading infection.
- The kitchen and satellite kitchens needed cleaning. Food containers in the kitchens needed cleaning and labelling to reflect the contents and dated.

After the inspection, on 23 September 2022 we wrote to the provider to request an update on the action taken to address the infection control and cleanliness issues identified.

- The manager provided information the same day confirming clinical bins had been purchased, plastic wipeable boxes provided to contain PPE, and a full programme of cleaning had been completed, including deep clean of kitchens.
- Guidance on correct use of PPE, including wearing of masks had been distributed to staff, supervisions had been completed and spot checks were being completed.
- Although our follow up visit on 30 September 2022 confirmed action had been taken to prevent the spread of infection and ensure the premises were clean, the providers governance systems had not identified these shortfalls. (See the well led section of this report.)

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

- Review of documentation reflected there have been three non-fatal choking incidents at the service since April 2022. Whilst staff acted quickly, preventing fatalities, they had not always followed the providers policies and best practice guidelines, to seek health professional's advice following abdominal thrusts, which can be painful and cause serious injuries.
- Following the choking incidents, lessons learned had been shared across the organisation, with an

emphasis on ensuring risks assessments were accurate and staff training completed in use of anti-choking device. Although, staff had been trained to use the anti-choking device, risk assessments were not always accurate.

- We found conflicting information in people's care records which exposed them to the risk of not receiving safe care. For example, a person's assessment had answered no to a history of swallowing difficulties, however their care notes stated they had had swallowing difficulties in the past.
- A medical diagnosis of Parkinson's disease and diminished swallowing reflexes had not been factored into the risk of a person choking.
- The skin integrity assessment for a person reflected they were able to change position independently, however their mobility care plan reflected they were unable to change position and relieve pressure independently. Not having accurate information to guide staff placed the person at risk of developing pressure wounds.

We found no evidence people had been harmed, however failure to properly assess the risks to people's health and safety, placed them at risk of avoidable harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to learn from incidents where things had gone wrong. These included 'lessons learned labs' and '7-minute briefings'. Learning from incidents was shared with staff to raise awareness and prevent similar incidents happening again.
- The manager told us in response to the high number of falls, they had referred people to the frailty clinic, occupational therapist (OT) and purchased anti slip mats. They had also introduced 'night owl' boxes, containing snacks for people to access at night, which had reduced the number of falls.
- Systems were in place to ensure the premises and equipment were safe to use and well maintained. This included checks of equipment, such as fire systems, hoists and adjustable beds to ensure they met statutory safety requirements and support people to stay safe.

#### Staffing and recruitment

- People and their relatives were mixed in their views about staffing levels. The majority felt staffing numbers were sufficient, however, others referred to staff shortages and having to wait for assistance. Comments included, "They are short staffed, I have to wait," and "They lack staff resources, I'm told they don't have spare staff to help the allocated one to one member of staff to reposition my [Person], so they have to wait."
- The manager used a dependency assessment to review staffing numbers against the assessed needs of people using the service. This was reviewed regularly to ensure enough staff were employed with the right mix of skills, competence and experience.
- The manager told us two new staff were waiting recruitment checks and the care manager vacancy had been advertised. Once these posts were filled the service would be fully staffed.
- Staff acknowledged there had been difficulties with staffing but confirmed numbers had improved. Comments included, "Staffing numbers are okay; we have a stable staff team," and "Staffing has been difficult, but we have continuous staff across the units."
- The service had 12 people funded to receive one to one care. The service employed agency staff to fulfil these contracts. Relatives provided positive feedback about the one to one support. Comments included, "My [Person] has a member of staff allocated to support them on a one to one basis, every day and night. The one to one member of staff is phenomenal..." and "Staff caring for my [Person] is excellent, I have faith in the current staff."
- The recruitment and selection process ensured staff recruited were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks which provide information including



details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "Got no concerns and I am pleased with the place," and "I know I can go home and my [Person] is safe."
- Staff confirmed they had received safeguarding training and knew how to report concerns.
- The manager was aware of their responsibilities to report concerns to the local authority safeguarding team. They worked well with the local authority and investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.
- People identified as having behaviour described as challenging had care plans in place describing how they expressed themselves when agitated and the potential triggers which may cause them distress. However, these did not provide sufficient detail or guidance for staff on how to provide support. For example, 'I need help with' stated, 'correct interventions to be used to reduce chance for [Person] to experience anxiety and frustration, which in turn will improve their wellbeing', but does not state what these interventions are. The 'How to help me' section of the plans referred to '[Person's] behaviour can easily be managed by diversion therapy', there was no details of what the diversion should be.
- The provider had identified in a recent dementia audit, improvements to care plans was needed to ensure staff understood causes of people's distress and anxieties, and how to manage them.

Using medicines safely

- Relatives told us they were confident their family members received their prescribed medicines, including pain relief, when they needed them. One relative commented, "The nursing staff are quick as a flash when my [Person] needs medicine."
- Systems were in place to ensure people's medicines, including controlled drugs were managed consistently and safely. The provider was in the process of implementing a new electronic medicines management system designed to improve administration and recording of medicines.
- Staff accessed the system via handheld devices which linked to electronic medication administration records (eMAR) replacing paper charts. The system alerted staff when medicines were due, and if they have not been administered, reducing the risk of errors being made.
- Staff were knowledgeable about the new systems in place and described the eMAR as a more precise and efficient way of administering medicines.
- A random check of people's medicines against the eMAR was carried out and was found to be correct confirming people were receiving their medicines as prescribed, by their GP or other health professionals.
- Staff had received medicines training and had their competency assessed to ensure they administer these safely and completed medicine records correctly.

Visiting in care homes

People's relatives were observed visiting their family members throughout the day. Relatives told us they were able to visit when they wanted. Visitors were encouraged to book in and sign out using a touch screen pad which included health screening questions to minimise the risk of spreading infection in the service.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service is divided in to four units, St Johns, Castle, Dutch and Charter providing nursing, dementia care and complex needs. The physical environment on the first floor is not decorated consistent with the standard on the two units on the ground floor, especially Charter the complex care unit, which is less personal.
- The communal lounge is large, lacking colour and objects which can improve people's quality of life and help them live well with their dementia.
- People's rooms had the same doors on the built-in wardrobes as their en-suites, with no clear signage or contrasting colour to help them differentiate between them. This had the potential for people with a visual impairment and / or dementia to become confused between the two, especially at night.
- Specialist and adaptive equipment was provided, including specialist chairs for people requiring high level postural and pressure management. Relatives told us there were insufficient numbers of the chairs available, which meant people had to share, meaning they spent days in bed. The manager confirmed following OT assessments they had arranged for enough tilt chairs to be provided to ensure people had access to chairs when they needed them.
- The call bell systems operated with a continuous high-pitched sound. Staff took several minutes to respond to call bells. The alarm combined with people calling out and shouting on Charter unit, added to the unsettled atmosphere and was not conducive to people's wellbeing.
- The manager told us, as part of a planned refurbishment of the service, work was in progress to create a sensory room to include more sensory objects, cushions, mood lighting, tactile objects to touch and feel.

We recommend the provider seek advice and guidance from a reputable source, about care home environments for people with dementia to improve their quality of life and promote their wellbeing.

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

- People and their relatives were mixed in the feedback about the quality and choice of meals. Comments included, "The food wasn't good and quite bland. I get a menu, but they never ask me what I want. I just get a dinner and it's not always very nice," and "Quality of the food was not good, they got a new chef and it has improved."
- Observations of the midday meal found people had different experiences depending on which unit they resided. On Dutch and Castle units we observed some nice interactions between people and staff. People were supported to choose when, where and what they wanted to eat.
- In contrast mealtimes on St Johns and Charter were busy. People were observed having to wait to be

served their meal. One person waited 22 minutes for their meal. By the time their lunch arrived, the other people at the table had left. This did not make the mealtime a sociable experience for this person.

- People were not always being offered a choice of meal or drinks. People, particularly those with dementia were not offered visual prompts to help them make their choice.
- Staff told us they used plated meals to provide people with a choice of diners available, however we did not observe this practice. Orange juice was provided to all people with their meal, there was no choice of different juices or water offered.
- We saw limited provision of adapted cutlery to help people remain independent when eating their meal.
- Where staff were assisting people to eat, they were not adhering to the providers managing chewing and swallowing policy which stated they should 'provide assistance from a seated position' and be 'free from distractions for during meals...'. Staff were observed assisting people to eat from a standing position and getting up and down during mealtimes doing other tasks.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to supporting people living with dementia to have a good mealtime experience.

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

- People's needs were assessed prior to moving to the service. Assessments were comprehensive, identifying the care and support required, and expected outcomes for the person.
- The manager told us, people's care plans were created in the first few weeks to a month as they and staff get to know the person. The persons relative(s) were involved in the completion of the care plan, and this was evaluated monthly.
- The service provides care and support to some people who have very complex mental health needs which has provided significant challenges to managers and staff.
- Referrals to external services had been made to obtain additional funding and staff support for people with complex behaviours to meet their needs and keep them safe.
- Staff had received dementia training; however, the provider had identified they needed additional training. Dementia training had been arranged around the specific needs of people in the service.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they had received training which gave them the skills and knowledge to carry out their roles. One member of staff told us, "I have completed a range of training, medicines yesterday. I access training through the providers academy online, we also have some face to face training, most recently moving and positioning."
- All staff, across the service, irrespective of their position were expected to complete mandatory training, as well as training specific to their role. For example, staff designated as champions had been provided with additional training, to become specialists in these subjects such as end of life and medicines.
- Staff confirmed they received regular supervision where they were able to discuss their role, support needed and professional development. Staff were provided with the opportunities to compete national vocational qualifications (NVQ) relevant to their role.
- The manager confirmed staff accessed training via the company online academy, and webinars, as well as attending face to face training delivered by the providers' own regional trainer. The service also linked in with other providers to source training, such as St Helena hospice who have provided end of life training and North Essex Clinical Commissioning Group (NCCG) dementia training.
- To ensure staff had understood training provided the manager confirmed all staff had their competencies assessed which were completed by nurses, three times a year, or more frequently, if required.
- New staff confirmed they had completed an induction in line with the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health

and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- As part of their induction staff told us they had been supported by a senior member of the team. One member of staff commented, "I had a 1:1 to talk about how I was doing and if there was any other training, I would like to do..."

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

- People had access to healthcare services when they needed them. People, their relatives and records confirmed this. Comments included, "Staff do keep on top of things, my [Person] had a tiny pressure sore, they are diabetic and on insulin and staff were on that quickly," and "Staff phoned me the other night saying [Person's] temperature was spiking, they gave them paracetamol every 6 hours, phoned 111 and phoned me again to say they were fast asleep."

- Records contained summaries of communication between staff, health professionals, family members, the dementia support team and the manager demonstrating they worked well together to continually assess people's health needs.

- The service made appropriate and timely referrals to other relevant professionals and services. For example, staff had arranged for a dentist appointment for a person due to changes in their behaviour to rule out tooth pain, as a potential cause.

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.

- People's care plans contained MCA assessments which contained a good level of detail determining their capacity to make decisions about day-to-day such as what to eat or wear, to larger decisions to do with health, welfare or finances.

- Where people had been deemed to lack capacity to make more significant decisions, relevant people including their Lasting Power of Attorney and health professionals had been involved.

- MCA assessments had been completed for people who lacked capacity to taking their medicines covertly, (disguised in food or drink) to ensure the decision to administer their medicines without their knowledge or consent was made in their best interests. Advice had been sought and agreed with the pharmacist to ensure medicines were suitable to be taken covertly.

- Routine DoLS applications had been made where needed to deprive a person of their liberty for their own safety.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care

- The provider had a range of systems in place to monitor the quality and safety of the service. These systems fed into an ongoing service improvement plan (SIP). However, we found these had not always been used effectively to identify risks to people's welfare and safety.
- IP&C audits had not identified the issues we found during the inspection. Whilst the provider took immediate action to put appropriate measures in place to prevent the spread of infection and ensure a thorough clean of the service, the governance arrangements had failed to identify these concerns.
- The recent dementia audit had identified the need for additional staff training and to improve care plans to better reflect the support people needed to help their emotional distress and anxieties. However, this had not identified the issues we found, specifically relating to the complex care unit, Charter.
- There was no clear direction for staff, who were acceptant of people continuously calling out, shouting, and walking up and down the corridors, with minimal attempt to divert them using meaningful activities. This created a very unsettled, noisy and chaotic environment making it difficult for people to sleep and / or rest.
- The layout of the unit with long corridors, and one large lounge meant people did not have smaller areas to seek respite and spend quite time, other than in their rooms. Where people did spend time in their room, with no screens across the doorway as a deterrent, other residents were observed entering their rooms, adding to their distress.
- The manager advised sensory objects had been removed from the unit due to specific people taking items and eating them consistent with their type of dementia. Removal of objects due to a few people, had not considered the impact on the other people on the unit.

Whilst the provider has governance systems in place, these are not always being used effectively to identify and drive the required improvements. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager held 'Dashboard' meetings at 11am every day with the registered nurses, team leaders and heads of departments to share information, discuss issues and priorities, and action needed to address them.
- Staff told us they felt supported and listened to. Staff comments included, "Supervision yes, get good support, can go to management and discuss any issues, about job, training and carer development," and "I can go to the manager, they listen and act."

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

- Since our last inspection of the service in 2018 there had been four changes in managers. Relatives and staff told us the changes in managers had impacted on the quality of the service provided. Comments included, "Lovely manager went, then had another one, it's changed for the worse, not so clean, staff have changed so much," and "There has been a lot of changes in the last two years. Change of management and care manager, which has been unsettling and disruptive."
- Senior managers have been open and transparent about management changes and the impact this has had on the service and staff morale. A new manager was recruited in July 2022 and was in the process of applying to CQC to become the registered manager to comply with the providers conditions of registration.
- Following a series of complaints made directly to CQC about the management of the service, the provider took immediate action to investigate and put measures in place to support staff and improve the culture.
- Staff told us the implementation of the new management team had led to improved morale. Comments included, "I would say morale is good here now, more free, good teamwork, good communication, it's an open culture, I like working here, its homely," and "The new manager is really good, very approachable and listens, I can discuss anything, they are very supportive."
- The service had received nine complaints about the quality and safety of the service in the last 12 months. These had been dealt with in an open and transparent way, in line with the providers complaints procedures.

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

- Four complaints about the service related to poor communication. Relatives told us this had improved. Comments included, "Communication has been good, it is getting better with the new staff, the two team leaders have been excellent, and we get lots of feedback from them, much improvement and they work in continuity," and "A relative's virtual meeting was set up, there have been a couple since the new manager came."
- The activities coordinator used technology including social media and a newsletter to communicate with people's families about events happening in the service.
- Residents meetings were held monthly to obtain their feedback about the service, including activities, laundry and food choices.
- A resident 'My lived experience' survey was carried out October 2021, with the results published December 2021. The number of surveys sent was 51, with 20 returned. This reflected overall people felt they had a 'life well lived' and were happy with the service they received, with suggestions to improve variety of food and more group outings on a minibus.
- The provider shared a few compliments posted on a well-known care home review website, these included "A wonderful and caring home, can't rate the staff and care given highly enough. They treat all residents with dignity, engage with them and keep us as relatives fully informed," and "My [Person] has been in this care home since October, and we can already see a great change in them already. They are smiling, laughing, eating and sleeping better, thanks to the great care from all staff."
- A staff survey was completed in November 2021. Out of 103 staff, only 12 staff completed the survey. The results were positive, with staff stating it was a good place to work.
- Staff were recognised for their contributions, including an employee of the month scheme. People, staff and visitors can nominate staff who have gone the extra mile who receive an award.
- The activities coordinator had won an award for their innovative ideas and positive impact on the people using the service. Activities had included arranging a person to ride in a horse and carriage.
- The service worked well with other health professionals and networks. They had worked Essex FaNs

Network, a community organisation who work to keep older people in Essex care homes involved with and connected to the local community to get in touch with their favourite Football Club.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Failure to properly assess the risks to people's health and safety, placed them at risk of avoidable harm.

  

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	Governance systems were not always being used effectively to identify and drive the required improvements.