

Alliance Care (Dales Homes) Limited

Woodbury House

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodbury House is a care home providing personal and nursing care to up to 45 people including people who live with dementia. At the time of our inspection 31 people were using the service.

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

The provider did not operate effective quality assurance systems to oversee the service. These systems did not ensure compliance with the fundamental standards and identifying when the fundamental standards were not met.

When incidents or accidents happened, it was not always clear that it was fully investigated, and if any lessons were learnt. The provider did not ensure that clear and consistent records were kept for people who use the service and the service management. The provider did not inform us about notifiable incidents in a timely manner. Effective recruitment processes were not in place to ensure, as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Risks to people's health and wellbeing were not consistently assessed and staff did not always follow guidance to support people in the right way. Staff deployment was not always managed effectively as we observed people did not always receive timely support. People were at risk of social isolation because the provider did not ensure activities were more personalised and people had opportunities for social engagement according to their interests.

People and their families felt they were not always involved in the planning of their care. People's and relatives' feedback were sought but not always used to make improvements to the service. People were not always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service were in place but did not support this practice. People had sufficient meals to meet their nutrition needs. Hot and cold drinks and snacks were available between meals. However, we were not assured people's hydration needs were monitored and met in a consistent way. Relatives said they were kept informed about their relative's health and welfare. care plans and related documents had information about people but it did not always contain information specific to people's needs and how to manage any conditions they had.

The provider had not ensured staff including agency workers were provided with appropriate training, knowledge and skills so they could do their job safely and effectively. Staff said they felt supported to do their job and could ask the home manager for help when needed.

People and relatives gave us mixed feedback about the staff and the service, but they also were positive about the staff and the care they provided. Staff upheld people's privacy and responded in a way that maintained people's dignity. However, we observed a mixture of interactions between people and staff which did not always show kind, caring and effective practice.

We have made a recommendation about the premises being suitable for people living with dementia. We have made a recommendation about the compliance with the Mental Capacity Act 2005. We have made a recommendation about compliance with the Accessible Information Standard. We have made a recommendation about gathering and acting on people's and relatives', and staff feedback.

There had been management changes since the last inspection, which affected the service management and the culture at the service. The new home manager was in the process of getting to know the service to ensure they could review, assess and monitor the quality of care in a consistent way.

People were safe living at the service and relatives felt their family members were kept safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. The management team was working with the local authority to investigate ongoing safeguarding cases.

The dedicated staff team followed procedures and practices to control the spread of infection and keep the service clean. There was an emergency plan in place to respond to unexpected events and the premises and equipment were kept clean. People were able to access healthcare professionals such as their GP. The service worked with other health and social care professionals to provide effective care for people. Relatives felt the management of the service had improved and that they could approach manager and staff with any concerns. Most of the staff felt the management was open with them and communicated what was happening at the service and with the people living there. The management team appreciated staff contributions and efforts during pandemic to ensure people received the care and support.

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

Rating at last inspection

The last rating for this service was good (report published 20 September 2017).

Why we inspected

This was a planned inspection based on the previous rating and 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.

You can see what action we have asked the provider to take at the end 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 quality assurance; risk management; notification of incidents; record keeping; effective and person-centred care planning; privacy and respect, management of medicine; staff training, competence, and recruitment. We have made a recommendation about the premises being suitable for people living with dementia. We have made a recommendation about meeting the Accessible Information Standard and Mental Capacity Act legal framework. We have made a recommendation about

seeking and using feedback from people, staff, others to improve the service.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Woodbury House

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, a specialist advisor 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

Woodbury House 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. Woodbury House 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 not a registered manager in post. However, there was a newly appointed manager who was in the process of becoming a registered manager. We will refer to them in the report as "the manager".

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection about the service including previous inspection reports and notifications the manager had sent us. A notification is information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to the manager, the interim manager and the clinical lead. We observed interactions between staff and people living at the service and spoke to one person who uses the service. We gathered feedback from 12 staff members. We reviewed a range of records relating to the management of the service, for example records of medicine management, risk assessments, accidents and incidents, quality assurance system, and maintenance records. We looked at 18 people's care and support plans and associated records. We looked at seven staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at further records and evidence including quality assurance records, training data, meeting minutes, and policies and procedures. We spoke to 23 relatives about their experience of the care provided to their family members. We contacted six professionals who work with the service and received two responses.

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.

Recruitment

- The provider did not always ensure all required recruitment checks and information were gathered before staff started work.
- In the files reviewed, we found missing information such as explanations of gaps in employment. One staff had references from previous employment where it was noted some issues with their conduct. We asked to see any reviews of that particular information completed before this person was employed so the registered person would assure it was the right person to be employed. We received a risk assessment completed after the inspection. In two files, the information on evidence of conduct was not sought from a previous employment working in health and social care. It did not include information of the verified reasons why the previous employment ended.
- We raised this with the provider, and some of the information was provided after the inspection. However, the regulation requires these checks to be completed prior to employment of a staff member. Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the Regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

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

- There was a system to record accidents, incidents, medicine errors and any other concerns using online system. A number of action plans on the system were placed on 'pending' so it was difficult to see the evidence if it was used to track any improvements required and to ensure that actions had been taken to keep people safe.
- The manager and the interim manager had started recently at the service. Therefore, along with other tasks, it would have been difficult for them to have a full oversight of outstanding actions to complete and respond to people, relatives and professionals where needed. The registered person did not ensure they had an oversight of those actions and proactively sought to make improvements where needed, particularly during the recent managerial changes. There was the risk that actions may not be completed in good time or recorded when complete.

- The provider did not ensure regular themes or trends in the accidents were identified and recorded. There was a lack of action plans and follow up after recording of the incidents. The system overall in place did not highlight areas for improvement or action needed to be taken to mitigate the risks of further accidents or incidents.
- The management and staff team assessed, and reviewed people's risks and action was taken to mitigate risk. However, we found some areas needed improvement. We reviewed people's care records and found at times the information around specific aspects of care or risk were not recorded consistently.
- We also noted that people's risk management varied according to the floor they lived on. For example, four people on the second floor had lost some weight. But there was no evidence that this was noted as a risk to review and mitigate in people's files. We noted this to the management team, and they said a food chart should commence. There was no evidence of oversight or audit in regard to this or a change of care delivery.
- Staff did not always follow steps to mitigate risks to people. For example, on the first floor, some people needed to sit on pressure cushions. We were shown which people needed one while we were on the first floor. One person had it in the armchair however when we saw this person later having lunch, they did not sit on a pressure cushion. Another person did not have a cushion throughout the day; the third person was given a cushion to sit on after we raised it to the staff. However, this was not done consistently. On the third day of inspection, we observed another person sitting in an armchair, but the pressure cushions were left in their bedroom and remained unused.
- On the ground floor, people had ongoing risk assessment based on individual needs which covered several areas such as breathing, communication, malnutrition, moving and handling, skin integrity, continence, mobility and personal care.
- An electronic system was used also to record, risk rate and add mitigating actions to deal with the risks although this was not always completed.

The registered person did not consistently assess the risk to health and safety of service users or mitigate such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the records to be clear and consistent showing the necessary information for premises and equipment maintenance and checks.
- We noted to the maintenance staff to ensure they conducted fire drills at various times of the day. For example, particularly at night or late evening when the staff ratio was different to the day shift to ensure the staff team could confidently support people in the event of a fire.

Using medicines safely

- People did not always have their medicines managed safely.
- People were prescribed 'when required' (PRN) medicines to help them manage various conditions. However, the protocols did not always contain clear information specific to the person such as symptoms to look out for, how people expressed themselves when in pain, any side effects to observe for, correct dose of medicine or when to review it.
- We found one person had a specific PRN medicine to help them manage their condition. The medicine was to be administered in a certain way, but staff were not trained to do this specific administration. The PRN protocol lacked specific details of how and when to administer the medicine to manage the condition and what the health deterioration might be.
- We reviewed the area where medicine, other medical items and equipment were stored. There was a plastic box which contained various discarded and out of date medicine. We later spoke to another senior staff member who said two senior staff would have to go through the items and record it as destroyed. There

was a failure to complete this.

- We saw another cupboard had various items stored such as odd wound dressings, needles and syringes. Some items were out of date and one of the registered nurses removed them from their boxes and placed them on a shelf with a note that it was out of date.
- We reviewed the medicine management policy and it noted that training would be provided every three years. Best practice guidance recommends that learning for staff working in care homes is refreshed and knowledge and competence assessed at least annually.

The registered person did not ensure medicine management was robust enough to ensure medicines were managed safely at all times. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The medication room was kept locked, tidy and clean. Staff checked temperatures of the room and the fridge in the room regularly.
- We reviewed people's medication administration records and did not find any gaps or discrepancies with signatures.
- We observed administration of medicine and saw the registered nurse was talking with people with respect, explaining the medication and waiting until it was taken by them. We heard the registered nurse ask if people were in pain and if they needed any painkillers. The registered nurse also used the Abbey pain scale tool. The Abbey Pain Scale is an instrument designed to assist in the assessment of pain in service users who are unable to clearly articulate their needs, for example, people with dementia, cognition or communication issues. We also observed the registered nurse recorded people's temperatures, oxygen levels where needed and mattress settings daily.

Staffing

- Staff were not always deployed effectively to ensure timely support to people. We observed staff were patient with people however it was clear not all staff were confident how to support them.
- Some of the staff felt there were often times where they could have had more staff to help carry out their role and responsibilities. They said, "It would take pressure off the staff and give residents good care and support", "If we have enough staff, we can do interactions and activities with residents", "It would put less stress on staff" and "We would be more effective; we would have more time for interactions with residents".
- Relatives felt there was not always enough staff and recent changes in the staff team did not help good staff deployment. They said, "They are rushed off their feet", "There's been a lot of disruption because of staff changes. [Relative] finds change difficult and says everyone's in a rush and she's not able to talk to anyone" and "You see the staff running about a bit. Sometimes you wait 10 or 15 minutes to get into the home. Now I know that's not their priority, but it may be an indication that they may have a low level of staff".
- We observed mealtimes on different floors. On the ground floor, we observed lunch time. People were offered to go to the dining room and three people chose to eat in rooms. The meals were served at 1.15pm but some people did not receive their meal until after 2pm. The staff told us this was due to staffing numbers and the number of people required to help with eating. We observed staff who were helping people, were talking to them without rushing them to eat. We also saw meals delivered to rooms were placed accessible to people with staff ensuring they had cutlery close to them and a drink. We observed were offered drinks throughout the day.
- Another example was during supper time on the first floor, eight people were in the dining room, and five needed assistance. The meals were served on time and there were five members of staff to help. Some people received support but most of them had their food sitting in front of them. They were then asked if they had enough and the meal was taken away.

- We spoke to the manager, interim manager and clinical lead about assessing staff numbers. They said they used a dependency tool that looked at the level of need and staff needed, then calculate the required number of staff. They said the tool did not take an account of the building layout however the service was staffed over of what was needed. The tool was reviewed as part of clinical meeting every Thursday. However, we noted to the management team it was clear staff deployment was an issue and the way people were supported had to be reviewed and improved following our observations during this inspection.

- The manager said the recruitment was still a challenge. However, they were using the same agency staff as much as possible to ensure consistency of care and support to people.

We recommend the registered person seeks advice and guidance from a reputable source about support in deploying staff, particularly with high numbers of agency staff, in a better more effective manner to provide the care and support in a timely way.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm, neglect and discrimination. Relatives stated people were safe at the service. They said, "Absolutely. Any little incident they let me know...I've no concerns at all about her welfare", "Yes. Whenever we're there the staff are caring... You get a good feeling about the home, it's an emotional thing. They're caring. She's not neglected in any way" and "I do. The carers are attentive... He's not ill-treated or neglected."

- Staff received training in safeguarding adults at risk. They confirmed they knew how to recognise the different types of abuse and how to report it. Staff also said they knew the provider's whistleblowing policy and when to raise concerns about care practices.

- Staff were confident the management team would act on concerns reported to ensure people's safety.

- The manager knew when to report allegations of abuse or neglect to the local authority, so they could be investigated. There were some ongoing safeguarding cases at the time of inspection and the provider was working with the local authority.

Preventing and controlling infection

- During inspection, we observed some staff did not wear a face mask properly. We informed the management team so they could address this with the staff members. Otherwise, we were assured that the provider was using PPE effectively and safely.

- 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 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.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The staff at the service carried out checks and recorded information according to visiting rules before the inspection team could enter the premises.

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.

Staff support: induction, training, skills and experience

- The provider did not ensure staff had the knowledge, skills and training they needed to meet people's complex and diverse needs and ensure their safety and welfare.
- We reviewed the training matrix provided to us which recorded mandatory and role dependant training. Although staff had a variety of training provided, our observations did not confirm the staff were confident, knowledgeable and competent to support people in a consistent way and guided by the best practice. For example, one person needed support with equipment for sitting. The staff approached the person politely, but they completed the support using unsafe moving and handling techniques. This was reported to the manager and addressed immediately. The person was checked if they were alright.
- Another person needed close supervision and support. During our inspection we did not see staff were engaging with this person in much conversation or encourage them to engage in an activity they liked. We observed during our inspection staff were completing tasks but not spending quality time with people and only sit or stand around.
- A staff member was assigned as the dementia champion. However, when we spoke with them, they were not aware of best practice guidance and sources to support dementia work in the service.
- Following the CQC Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people, we found the provider's training policy did not include training on oral care. Training record showed no staff had received training in this topic. Oral health training is also now included as best practice mandatory training.
- Relatives gave us mixed feedback about skills and knowledge of staff. They said, "Yes, definitely [they had skills]. And the agency staff are all the same; they're all good as well and [the person's] reaction to them is good", "A lot of them do, but there's been some concerns...I spoke to a member of staff, they said they'd have to get someone else [to help the person] and then they got someone else and they asked us what we wanted them to do. That was concerning", "Some of them [do have skills]. Some of them didn't notice the bruising...we've noticed [the cough] and since we've said that, they got the doctor and she's on antibiotics... it's frustrating, they don't notice anything", "They're all very competent" and "I placed [the person] there because it was advertised as able to support people with mental health problems. Because of the turnover of staff and all the agency staff, I don't know anymore, if they've had training in mental health".

The registered person did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff new to the care sector completed the Care Certificate as part of their induction. The Care Certificate 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.
- The home manager also told us the approach to the Care Certificate was being reviewed so that it would be an integrated, blended learning experience with elements of e-learning, face-to-face training and written activities.
- Most of the staff said they were supported by the management team; some said this was not the case. A few staff also said they never had a supervision meeting. Otherwise, staff received feedback about their performance and discussed training needs during one to one supervision.

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

- People's hydration was inconsistently managed. We noted that people's food and fluid intake was managed differently depending which floor they lived on. For example, on the ground floor there was a 24-hour fluid balance chart reviewed prior to the morning handover by the registered nurses. The registered nurses working at night would record total on each fluid chart and this would be discussed at the morning handover. Instructions were given to care staff regarding encouraging people to have fluids where appropriate.
- On the first and second floors, in people's records daily targets of fluids were noted however there was little evidence recorded, monitored and reviewed as to whether people met those targets. We also observed that at times people had drinks in their rooms but out of their reach.
- Relatives gave mixed feedback about meals and said, "She likes her food and she's fussy. I've heard them ask her what she wants...they do know her, and they accommodate what she wants", "Yes, she has a choice. They come round, and show her sample portions on a plate", "She can't make a choice anymore, but she eats well", "Yes, they have a menu. She likes the food and she eats well", "[The person] says it's OK. I see the meals she's having and they look quite bland and the portions seem quite small" and "There's been issues with her eating... I spent a long time trying to help her to eat. They [staff] didn't seem to be monitoring what she was eating. They say she's eating normally again now".

The registered person did not ensure the nutritional and hydration needs of service users were met in time, appropriate to their wellbeing and support was provided. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to have their meals and they ate at their own pace. Some people chose to eat their meals in their bedrooms.
- When staff supported people to have their meals, it was done in a polite and kind manner. Staff did not rush them and had a small chat with people.
- We also observed people were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking, any diverse needs and preferences.
- We observed people were offered choices of meals for example, the options for the day were shown on the plate so people could see the actual meal. We saw snacks and drinks were available at any time and offered regularly.
- The staff in the kitchen were aware of people's dietary needs and preferences and made sure it was prepared in the correct way.

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

- We noted the care plans had specific information recorded about the person, and some good guidance noted. However, some of the outcomes were not always clearly recorded. It was more of a repeated action

of what should be done rather than what the person wanted to achieve.

- We also saw people had pre-admission assessments before they moved into the service. This meant the service knew that they could cater for person's care needs and support. GP notes and local authority notes were also obtained before care commenced.
- People's care plans described how they wished to be supported with physical and emotional needs, as well as, personal likes and preferences, and their social interests. However, people did not always receive care and support they needed which supported their cultural identities and preferences specified in the care plan.
- Relatives gave us positive feedback, but some added their concerns. They said, "[The person's] chair needs looking at. She has a belt across [the lap] ... sometimes the belt's off and if they take her down the big slope to the garden; she could fall out. There's no consistency with the staff. If you ask anyone about anything, they say they don't know my [relative] or they've just arrived" and "They look after her... I don't think they always spend enough time checking on her or react enough. She's fallen from her chair and she slips down. But it may have been addressed because she's got a bigger chair".
- Other relatives added, "I'm very pleased with the service", "I'm so pleased and relieved she's there. The staff do really care about the residents. Anything untoward, they let me know. They're really caring and I have peace of mind knowing she's safe and comfortable" and "It's been difficult for them to stay on top of things since COVID-19. Things aren't so transparent, but they've handled COVID-19 very well. I've no complaints about that."

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

- Care plans did not always contain clear guidance for staff on how to manage people's oral health. It was briefly recorded as part of the personal care support required. Some people had a separate assessment and plan of care. People were able to see a dentist when needed with staff's support.
- People were referred to various health professionals to address any health issues or changing needs. The staff team were knowledgeable and informed about people's health and wellbeing. People were supported to remain as healthy as possible. We saw the care for people's health and wellbeing was proactive and well-organised most of the times.
- Relatives said, "Overall we're happy with her being there. We're not concerned at all about her safety. Staff keep me informed. She had COVID-19, she was asymptomatic, but it was picked up and monitored. After nine days she had to go to hospital. She was monitored afterwards, and the aftercare was very good" and "I think highly of the home and of the staff. She's very happy. It's a brilliant place and I'm very grateful for what they do."
- During our inspection, some people were not feeling well and were seen by the visiting health professional. We were informed they had started treatment to help them manage a health ailment.
- Some relatives said the follow up and update regarding their family member could be communicated better as they were not always sure about the actions taken by staff.
- Other relatives said, "Yes, she's seen the doctor and she's had new glasses since she's been there", "She's seen the doctor for a chest infection. They picked up on it straight away and got her on antibiotics. They caught it before it got too bad", "They were very proactive about her glasses. They got the optician in and assessed them all and they get the chiropodist and you they ask you if you want to pay for them...but they don't seem to think what could make things better for my [relative]".

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

- The design of the premises was partially suitable for the needs of the people living with dementia.
- The premises were clean and well-maintained with fixtures, furnishings and furniture of appropriate quality. The majority of people living with dementia at the home lived on the first floor.

- Some elements of the furnishings did help people living with dementia. For example, bedrooms had lined curtains that blocked out the light when drawn. This would help people with dementia differentiate between night and day. In addition, we saw people were encouraged to have photographs or signage on their bedroom doors to help them identify which room was theirs. Communal toilets and bathrooms had signs on the doors.
- However, the rest of the first floor had minimal adaptation for people living with dementia. For example, there was no suitable signage or use of contrasting colours to enable people to find their way around and identify toilets and other rooms.
- There were no directional signs to help people find their way around.
- During mealtimes, aids which could help with people's wellbeing were not present such as coloured crockery used to support some individuals when eating.
- Other colour coding to aid independence was in place in people's bedrooms but not communal areas. For example, yellow light switches were used to make them clearly visible to people.

We recommend that the registered person researches and implements current best practice guidance on environments and equipment for people living with dementia.

- Communal areas like the dining rooms and lounge presented a light, bright environment where people could move around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors. The outside area such as garden was designed so people could go out to spend time in fresh air.

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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights to make their own decisions, where possible, were protected.
- We observed staff asked people for consent before providing care or support. We observed staff were polite and respectful towards people and their decisions.
- Relatives were mostly positive about staff support with decisions and consent. They said, "They have a great rapport with her. They talk to her, they know her and she responds to them", "They ask her what she needs doing", "Yes, they explain what they're going to", "They certainly do [seek consent from the person]."
- Another relative added, "They don't always tell her. She doesn't talk so they think she doesn't understand, but she does... one staff treated [a person] like she's a little kid".
- There was a separate section in the care plans regarding their decision making. It gave a description of how to support people to make their own choices and to what degree.
- However, after reviewing people's records, it was evident the staff had made some 'blanket' assessments of people's capacity for different aspects of care and support. An assessment of person's capacity to consent or agree to the provision of services should be part of the care planning process for health and social care

needs and should be recorded in the relevant documentation such as care plans.

- The staff completing the capacity assessments for decisions such as accommodation, personal care and medication did not demonstrate they fully understood MCA and reasons for assessments but stated they were told to do it for the people.
- We informed the manager some files had consent forms signed by the family members, and consent sought from them, but it was not clear if staff had checked the relatives had a legal right to provide consent on behalf of people. The manager agreed this had to be reviewed and changed to evidence people's consent was sought and recorded in line with the MCA.

We recommend the registered person seeks advice and guidance from a reputable source about MCA legal framework, carrying out assessments and their responsibilities to ensure people could express their views and be involved in decision making.

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. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We received some positive feedback from relatives about people's care and treatment. But they also felt the care and support was affected because not all staff understood what people wanted due to staff language barriers.
- Relatives said, "Some are new and have no idea. They lift her into her chair and they don't even tell her what they're going to do...once in the garden two of them were speaking their own language and were using their phones; they didn't speak once to my [relative]", "Some of the staff they've recently taken on seem better and more caring. There's the language thing of course; my [relative] is a bit old school" and "They don't seem to interact with her much, but they seem fine."
- We observed staff were polite and respectful towards people. However, their lack of knowledge and understanding of people with complex needs and behaviours was evident during our inspection. Staff did not always show concern for people's wellbeing in a meaningful way or respond to their needs.
- For example, a person was supported to transfer to an armchair with the help of a frame, but the staff member kept telling her, "...come on, come on". When the person finally sat in the chair, the same staff member was trying to help them eat. Instead of having a conversation with the person and encouraging them to eat, the staff member responded, "...eat, eat". The person leaned away from the food offered and refused to engage with the member of staff.
- Staff brought a drink and some food to one person. The staff remained standing right in front of the person without saying anything. They did not try engaging in a conversation or check if the person had everything they needed. Staff then walked away.
- There was a mixture of observations of how staff supported people who could become anxious and exhibit behaviours which may challenge others. People's records included information about their personal circumstances and how they wished to be supported. However, we observed this was not always followed.
- For example, one person was expressing themselves very loudly. We observed staff talked to them a bit but did not hold a meaningful conversation to have positive effect on the person and help them remain calm. We saw the person had specific guidelines on how to manage signs of anxiety and restlessness. There were other options suggested to help this person such as take them to another area of the home to watch some ballet, but this was not done. The person continued to shout for most of the time they stayed in the dining room. We also noted this person spent long hours in the dining room.
- Where people became agitated or stressed, this was not always recorded and sometimes lacked information of what actions were taken by staff. This meant the registered person did not ensure there was an overview of people's conditions, their wellbeing and would not be able to seek appropriate support if needed.

The registered person did not ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed examples of some people treated with respect, kindness and care. We saw when staff approached and spoke to people, they responded with a smile. During these observations, people were given time to respond, not rushed to do things and even had appropriate banter with staff at times.
- Relatives said, "Definitely, most definitely [caring]. They're [staff] lovely. I would know if [relative] wasn't happy. I've never seen [relative] so happy. She blows them kisses. They love her and she loves them", "Yes. They are all very nice and pleasant. They are very nice to her", "Yes, definitely. The staff are really nice and friendly", "They are [caring]. She has a good rapport with them. She says she has a laugh with them", "Some of them understand her and want to do the best for her. Some are new and have no idea" and "I've found them to be warm and kind and caring. They're professional and efficient."

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

- Relatives told us they did not always feel involved in the management of people's care. They said, "No. Not really; I don't hear from them. But they rang me at work recently and talked through how [the person] had been doing. They'd never done that before; I don't know if [that was because of this inspection]", "Not really [feel involved in the management of care], but they ring and discuss any problems", "I'm not involved in the planning of [the person's] care" and "It would be nice if relatives could attend care planning meetings. The care plans are supposed to be available in their rooms, but they're not."
- The records in people's files showed people and those important to them were involved in making sure people received the care and support they wanted and needed. We saw regular contact was recorded in people's files about their wellbeing, health and any other matters. Relatives agreed they were kept informed about people and any changes with them and the service.
- People's bedrooms were personalised and decorated how they liked and with items important to the person. People appeared well cared for and wore clean clothes and appropriate footwear where needed.
- Staff respected people's choices about how and where they wanted to spend their time and supported them to do it most of the time.

Respecting and promoting people's privacy, dignity and independence

- Relatives said about staff showing respect to people, "Definitely. They're amazing... how they do their job" and "Yes. She's treated as an individual. They found out her interests when she first came to the home".
- Others said, "I got new clothes for her and I labelled them with her initials, but they wrote [a number] on everything...with a [marker] pen on the inside of her clothes...I said to the manager, 'She's not a footballer.' She's a person, not a number. He said he'd look into it" and "There's a lot of new staff and agency staff. They've got to get to know the residents. You ask them something and they have to go and ask someone else...I used to feel confidence in the staff. Now I don't know who's who or what their role is".
- We observed staff respected people's privacy. For example, they knocked on people's doors before entering their room. Staff protected people's dignity and privacy for example, closing the doors when people were supported in their rooms. People looked well and neatly groomed. If people were in bed, we saw they were appropriately dressed, and their privacy maintained.
- People were encouraged and supported to be independent for example move around the home with mobility aids and get ready for the day.
- People's right to confidentiality was protected. All personal records were kept away and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

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's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Care plans described people's abilities, likes, dislikes, preferences and wishes, support needed, and desired outcomes.
- People also had a separate folder called 'room folder' to record daily checks, daily notes about their day and a profile describing the person and their support. When people had any particular conditions, it was recorded in general about that condition. However, it was not personalised enough to ensure staff were able to support people in the correct way and where needed, to identify any triggers and signs if the person's condition deteriorated.
- Some agency staff were not fully aware of people's records. This meant they could not gain information on how best to support people and attend their needs. One relative added, "There's supposed to be a daybook in her room that [staff] they fill in daily. We saw it once and we thought 'great, this is all we need to know', and then it disappeared from her room and we haven't seen it since."
- The care plans and room folders were person centred in some areas, but some information was not accurate or complete. For example, one person had a seizure but there was insufficient detail on what action staff were to take if it occurred again. Some people who were at risk of choking, did not have it highlighted in room folders to remind staff when helping them to eat.
- We observed a person supported with their meal. The guidance said the person should sit at 90 degrees when eating but they were not correctly positioned. We asked the staff to ensure the person was sitting at the right angle, and staff corrected the seating position. However, we were not assured the staff consistently followed this guidance.
- The staff had handovers and recorded broad information and identified risks such as falls or infections but there was not always sufficient details on how these risks were mitigated to protect people and ensure their safety.

The registered person did not ensure care and treatment was appropriate and met people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not regularly engaged in meaningful activities and interaction. There was a program to engage people in activities, maintain their social skills and achieve emotional wellbeing. However, people were not consistently encouraged to choose activities.
- We observed a few activities going on and we saw some people enjoyed getting involved.

However, the activities would not last long due to other people needing help and staff leaving the activity.

- We observed a few staff initiated an activity with couple of people. However, they did not stay long and left them on their own. We observed people stopped carrying on with that activity and sat or starting to nap. We observed a number of people were sleeping in communal areas during the days of our inspection.
- Relatives had mixed feedback about activities. They said, "The activities coordinator is really nice. She's brilliant. But we're not told if [the person] joins in. They say they keep a log of who takes part, but we haven't seen it", "She does [get involved]. They do a lot of stuff...she tries to do the exercises. She joins in. She loves company" and "[The person] does [get involved] to a limited degree. They take her outside to the sensory garden, which she loves."
- Others said, "We'd like to see more evidence of what they've tried with [the person], the approaches they've used to engage her. The staff engage less with people on the top floor. I wonder if there could be more activities? It would be good if they took someone to support the activities coordinator so people could be helped and encouraged to join in" and "Whether someone comes in her room and sits with her and does word searches with her, I don't know."
- We also observed when activities were not happening, the majority of the people were sitting in the lounges in a circle around the television or with music on. A different seating arrangement could have encouraged more spontaneous interactions between people.
- We saw in the files people had their activity information noted. However, it was difficult to see from daily notes if people were doing those activities or if staff were encouraging them to get involved.
- Even though the service had a programme of activities, some people were at risk of social isolation and there was a lack of stimulation for them. Some people were not always helped to maintain their emotional wellbeing or encouraged to participate in an activity suited to their needs.

The registered person did not ensure care and treatment met people's needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- We saw the service received a number of complaints regarding the care and support provided to people.
- Relatives were mostly happy to approach the management if they had any concerns. They said, "Yes, I would ring the manager. I wouldn't hesitate", "I would speak to the manager. That's what I have been doing", "I would speak to the person in charge and go on from there" and "I would speak to management or the nurse or a carer. There's no problem with doing that."
- Some relatives stated their concerns were not effectively dealt with or they hadn't received a response. They said, "I've no idea anymore who's responsible for [my relative] at any level. I used to know people at the home. I go there now, and I'm met by someone and they don't know [my relative]. There's nothing personal anymore. I don't like it. I don't know the names of any of the members of staff. It was different before, I'd built up a rapport with people", "I've raised issues and there's been not much response; that was last year when the home was in transition. There was no response to my email and when I chased it, there wasn't much response. There wasn't the sort of professional response I would have expected" and "You can raise concerns with management, but they aren't necessarily resolved because of the high staff turnover and because of COVID-19. I've emailed people and got no reply only to find they'd left the company."
- Although some complaints were responded to, we were not assured the provider used complaints and concerns as an opportunity to improve the service without leaving people and their relatives feeling their concern was ignored.
- Most of the staff felt they could approach the manager or senior staff with any concerns should they need to. However, some staff noted the number of changes in the manager's role affected their trust and confidence approaching the managers.

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.

- There was guidance in communicating with people in a manner they could understand. We reviewed if AIS was applied to ensure all information presented was in a format people would be able to receive and understand. The information was noted and highlighted following AIS principles. However, the recording was not consistent, and some people did not have this information in their file or on the form.
- Staff were aware of different ways of communicating with people, for example, using visual aids, pen and paper, simple questions and observing body language and giving time to respond.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and understand.

End of life care and support

- During our inspection, there were some people who were receiving end of life care and there were suitable arrangements in place such as people's wishes and support in regard to the end of life care.

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

- We found the system put in place did not work effectively to ensure good governance and oversight of the service. The system for assessing and managing risks required improvement and put people and others at risk.
- The provider did not ensure there was a consistent overview of issues and actions to be taken, particularly when the service was going through management changes. For example, the provider did not ensure that accurate and complete records were kept in relation people using the service, recruitment, medicine, incidents or accidents and concerns, complaints and risk management. They did not ensure staff were provided with training that equipped them to support people in the right way.
- We reviewed some of the audits. However, the audits were not always followed up with an appropriate record of actions planned and taken and did not identify all of the risks.
- The provider did not ensure they operated an effective system to oversee the quality of care and management of the service. The registered person did not ensure there was a robust management structure in place to support the staff team, the people using the service and relatives during these changes. This prevented identifying and acting on the issues that could potentially place people at risk of harm or abuse.
- We were not assured that good governance and oversight was in place at all times. There was insufficient evidence that managers checked on the day-to-day safety of people by involving themselves directly in people's and staff's daily routines. Some staff told us this had changed and the leadership team were not always visible on the floor.

The registered person failed to operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- We found the provider did not ensure we were notified of reportable events on at least four occasions. This meant we were not able to check the transparency of the service. We could not monitor that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 the last inspection, there were incidents reported to CQC where the duty of candour applied. People were supported to receive the required treatment and appropriate care was provided.
- We asked the interim manager to provide us evidence that the regulation had been followed when serious injuries happened, and people were supported accordingly. They were unable to demonstrate staff had followed the regulation and their own policy to complete all the actions set out. The provider had not acted in an open and transparent way with relevant persons in relation to the incidents.

The registered person did not follow and accurately record and keep a copy of all the actions taken as required in the regulation when a notifiable safety incident occurred. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a commitment from the manager, the interim manager and senior staff to support and encourage staff to provide people with quality care and support they wanted. They stated there was more action required to ensure there was 'a whole team' approach and a positive culture to be created in the service again.
- The management team praised the staff team saying, "Yes they are good team, willing to learn and going through lot of change. They are 'bruised', and will need reassurance of stable management team, to refocus; when I came in, it had a good vibe, good feeling. The work that the [clinical lead and interim manager] have done helped bring the warmth together; staff would do everything we asked them to do".
- The manager said they had an open-door policy and welcomed any feedback of how to maintain good service. They wanted to ensure they were visible to the staff, people and visitors.
- Staff were mostly positive about the management of the service. They stated managerial changes affected them, the people they supported and the whole service. Staff said, "We are trying very hard to work as a team. We always make sure that we work and support the residents according to their care plan" and "No, privacy is an issue, and we had four managers in the past year...there are groups of staff that will bring the team down."
- Relatives provided mixed feedback and said, "[The staff] allow the person to be themselves, an individual in their own right. Their views are taken into account. They have choice. They may choose a meal they don't like, but it doesn't matter, they can be brought another one. It's a good ethos and that hasn't changed", "[The staff team], they're a caring, honest bunch. They look after the people and they do a good job", "There's been a change of manager and a new reception[ist], they all seem good", "Things don't happen when they should. We're supposed to get an update once a month and that's never happened", "There has been problems with staff and manager changes, but now it's begun to settle down" and "They have different managers all the time. They've had three or four recently. They were struggling. The admin staff had to run things. I sent an email and it wasn't responded to. They don't sing well together."
- Relatives added that most of the time there was a good atmosphere in the service and things were looking more positive.

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

- A survey was carried out recently for relatives and staff to find out what was working well and what required improvement. We asked to see an analysis and action plan compiled to work on feedback from these surveys. However, there was not one in place. The provider was not working proactively based on that feedback and if any improvements were needed and were completed already.

We recommend the registered person seeks advice and guidance from a reputable source, about gathering people's views and acting on them to shape and improve the service and culture.

- There were a few meetings held for relatives and residents. It was not clear from the minutes if the requests and actions noted were completed. Relatives said, "There's been questionnaire, occasionally, perhaps once a year. I don't think they act on what you say", "Yes and they have 'employee of the month'. We can vote. With the surveys you can do them yourself or a resident can do one or you can do one jointly. I do them with my [relative] and so it's her views and mine", "No. The communication is poor. The email's are poor", "I haven't had any major complaints. I pointed out she [the person] didn't have her hearing aids and it was sorted out. Things are always followed up" and "I mentioned her call bell wasn't working. I complained to the previous manager and they put it right."
- The management team held staff meetings to discuss any matters relating to the service and the people who use the service, and to share any other verbal or written feedback. The staff felt the meetings were useful and helped them keep up to date with what was going on in the service.

Continuous learning and improving care; Working in partnership with others

- Staff had defined roles but did not always understand their responsibilities in ensuring the service met the desired outcomes for people. We observed not all staff had the knowledge and skills to support people and their complex needs. Staff feedback showed they were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to.
- People's records contained records of visits or consultations with external professionals, including GPs, community nurses, hospital consultants, dietitians, chiropodists and members of the community mental health team.
- One professional stated, "Senior [staff] I have worked with have been very helpful and receptive, but I am unaware of overall management structure and aims. Paperwork [for] falls, skin, nutrition, positioning, appear to be being completed. The [care home] made contact with our service in good time and are accommodating of visits and recommendations."
- The local authority also worked with the service on an ongoing basis to support the management team to improve care and support provided to people. They kept us informed of their concerns about the service, as they completed their own checks on whether people received safe, effective and well-led care. The service engaged with the local authority to work through the issues.
- Relatives added, "I'm very happy with the home. I'm more settled with [the person] being there than when she was at home. They tell me the littlest thing. She quite safe. She's always clean and tidy" and "I think things are changing for the better. The communication is bad, there have been issues with the admin and with the management, but the carers are doing a better job, they're kinder. They're more proactive. They're looking more at the individual and seeing if things aren't right. It's getting better."

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 Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission about specified incidents without delay. Regulation 18 (1)(2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way. Regulation 9 (1)(a)(b)(3)(i)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person did not ensure people were treated with dignity and respect. Regulation 10 (1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure safe care and treatment. The registered person had not

assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.

Regulation 12 (1)(2)(a)(b)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident

occurred.

Regulation 20 (1)(2)(3)(4)(6)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured staff were appropriately trained and supervised in order to perform their work and to ensure they can meet people's care and treatment needs.

Regulation 18 (2)(a)