

Lady Forester Hospital Trust

Lady Forester Residential & Day Care Centre

Inspection report

Lady Forester Residential and Day Care Centre
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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Lady Forester Residential and Day Care Centre is a residential care home providing accommodation and personal care to a maximum of 14 people. The service has an adjoining day care centre which can be accessed by people living at the home and by the wider community. The service provides support to older people and at the time of our inspection there were 11 people using the service.

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

People were at risk of harm because the provider had failed to take action to reduce environmental risks, including fire risks. People's medicines were not managed or stored safely. Recruitment checks on new staff did not fully comply with the regulations to make sure staff were suitable to work at the home. The provider had not kept up to date with current government guidance for COVID-19 and had not ensured their own policies were followed for infection control and recruitment.

Staff had not received regular training to support them in their roles and to help them understand their responsibilities. Staff had not understood or acted upon unsafe temperature readings for the medicine and kitchen fridge, and for hot water readings. This had potential to cause people harm

People's care plans needed improvement to ensure they reflected their health needs and were personalised for each person. The provider needed to ensure staff knew what was in people's care plans and understood the observations they completed.

The provider had not demonstrated respect towards people because they had not kept the environment safe for them. There was no evidence of the provider having oversight of the service and driving the improvement needed.

There was a continued failure by provider to establish effective governance systems and they had not complied with previous actions we told them to take.

People were supported to have access to healthcare professionals. People spoke positively about the food they received, and their nutritional needs and preferences were met. People had access to healthcare services as required.

People were supported by enough staff. People were supported to spend their time how they wanted to and to be involved in activities if they wished to. People's end of life wishes were recorded. The provider had systems in place to respond to complaints.

The registered manager worked in partnership with health and social care agencies and there was involvement with the local community to help benefit people.

Despite our findings at this inspection, the feedback we received from people was positive and they told us they felt cared for by staff.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lady Forester Residential and Day Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified continued breaches in relation to environmental risks, medicines, staff recruitment, staff training and the governance of the home at this inspection. As a result of these we have taken enforcement action and imposed 2 conditions onto the provider's registration.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Lady Forester Residential & Day Care Centre

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

This inspection was completed by 3 inspectors.

Service and service type

Lady Forester Residential and Day Care 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. Lady Forester Residential and Day Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority, local Healthwatch and professionals who work with the service. We used all this information to plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 7 service users or family members and 10 staff which included care staff, cook, housekeeper, maintenance person, 2 trustees and the registered manager.

We reviewed a range of records. This included 3 people's care plans, multiple medicine administration records and 3 staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's safety were fully mitigated, which included a failure to have their buildings fire risk assessment reviewed within the required timescale. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, a buildings fire risk assessment had been completed. However, the provider had not taken action to address a number of fire risks which had been identified during a fire risk assessment. We found a number of high priority risks had been identified but had not been addressed. This significantly compromised people's safety.
- People were not kept safe from the risks associated with fire. One person's bedroom fire door had been recorded as not closing properly on 16 occasions, but no action had been taken to make this safe. This placed the service user at risk of harm should there be a fire at the service.
- People were not kept safe from the risks associated with legionella. The provider had failed to complete regular flush throughs of seldom used outlets and dead-end pipes. This put service users at the risk of harm from legionella.
- The provider had failed to ensure the environment was safe for people. Portable oil filled radiators were in use and had not been risk assessed as being safe to use for each person. Hot water pipes and radiators throughout the home were not covered, which put people at risk of burns. Hot water temperatures were recorded as excessively high but had not been reported, which put people at risk of scalding.
- People had been put at risk of food poisoning. Two food fridges had been operating at unsafe temperatures since at least July 2022. These fridges only stored dairy products and condiments. Staff had been recording temperatures of between 10C and 14C but had failed to report these high temperatures. The safe food storage temperature of a fridge is 5C or less.

Using medicines safely

- People's medicines were not safely managed. At our last inspection we found missing signatures in people's medicines administration records and audits failing to pick this up. At this inspection, we again found medicine administration records were not fully completed and this had not been picked up on audits. This put people at risk of not having their medicines as prescribed.
- The provider failed to ensure the security of people's medicines at all times. The room where people's

medicines were stored was found open on one occasion, which put them at risk of theft, misuse or tampering.

- People had been put at risk of not receiving their medicines as prescribed or intended. Some people had medicines only when they needed them, such as pain relief. There was a lack of information for staff to know when they should give these medicines.
- Information about when to administer timely medicines was not present, which meant people may not receive their medicine when they need it. One person required their medicine to be given to them as specific times. Although the registered manager could tell us the times the medicine should be administered, there was no record to confirm the person received it at these times.
- Medicines stored in a medicine fridge were not kept at a safe temperature. Records showed the fridge had been running at a temperature which was too low. Staff had recorded these low temperatures but had not reported them. Failure to store medicines at the correct temperature can affect their efficacy and cause harm to people's health.

Preventing and controlling infection

- We were not assured the provider was preventing visitors from catching and spreading infections. The registered persons were not aware of the current government guidance for visitors to care homes.
- We were somewhat assured the provider was admitting people safely to the service. Because current government guidance was not followed, people were having to complete unnecessary testing following admission to the home.
- We were not assured the provider was using PPE effectively and safely. The provider's policy was for staff and visitors to wear masks in the home. However, on numerous occasions we found staff without masks on or not wearing their masks correctly.
- We were somewhat assured the provider was responding effectively to risks and signs of infection. However, the provider could not evidence risk assessments had been carried out on individual people or the action they had taken to reduce the risks of infection.
- The provider was not promoting safety through the layout and hygiene practices of the premises. Some items of furniture and equipment were worn, meaning it would be difficult to ensure effective cleaning. We found some clinical waste in domestic waste bags which would increase the risk of cross infection. Pull cords in bathrooms showed evidence of staining. These are high frequency touch points and should be regularly cleaned. These issues affect effective cleaning practices, putting people at risk from communicable illnesses.
- We were somewhat assured the provider was making sure infection outbreaks could be effectively prevented or managed. The registered manager was aware of where to go for advice and support should the home experience an outbreak. However, due to the current government guidance not being followed we were only somewhat assured outbreaks could be prevented.
- We were not assured the provider's infection prevention and control policy was up to date. The provider's infection control policy did not align with current government guidance. The registered manager and staff referred to outdated guidance when greeting visitors, when wearing face masks and the completion of COVID-19 testing.

We found no evidence people had been harmed however the registered persons had not demonstrated people's safety and the safety of the environment was effectively managed. The provider had also failed to take enough action to reduce risk following our last inspection. These issues constitute a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We told the provider they must take immediate action to address the most significant environmental issues we identified. They took action to address what they could immediately and provided us with an action plan

setting out how they planned to reduce the remaining risks. We were satisfied the immediate risk had been mitigated. We also shared our findings with the local fire authority.

Visiting in care homes

- The provider's approach to visiting at the home did not align with government guidance at the time of our inspection. Prior to our inspection the government guidance had changed, which the registered persons were not aware of. As a result, there was unnecessary wearing of PPE and evidence of COVID-19 testing, which were not required. Staff had not been updated and one staff member told us they would refuse visitors if they did not adhere to the home's policy on visiting, although we found no evidence this had happened.
- We were assured the provider was supporting people living at the service to minimise the spread of infection. The layout of the building encouraged distancing and people could maintain a safe distance from others whilst still being sociable should they wish to do so.

Staffing and recruitment

At our last inspection the provider had failed to ensure all of the required recruitment checks had been completed on new staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider could not evidence they followed safe recruitment checks. At our previous inspection we found gaps in new staff's employment histories. At this inspection, we again found gaps in a new staff member's employment history.
- The provider had not always obtained enough references for new staff to show their conduct in previous employments. They also could not provide evidence of an interview taking place for one staff member. This put people at risk of receiving care from staff who may not be suitable to work with them.

This is a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by enough staff and told us they were not get kept waiting when they needed support.
- The provider had completed checks with the Disclosure and Barring Service (DBS) for new staff, prior to them starting work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.
- People were supported by enough staff to safely and promptly support them. One person said, "I have no concerns about the staff. They make me feel safe."

Systems and processes to safeguard people from the risk of abuse

- The registered manager told us they knew how to raise a safeguarding concern with the local safeguarding authority. However, local area safeguarding policies and internal policies were not found by them, which could delay any future reporting.
- People told us they felt safe living at the home. One person told us, "I feel safe and like it here, that is worth everything to me."
- Staff told us they had received training on how to recognise and report abuse. The provider's training

records did not support this and showed most staff had not received training recently or had not received any safeguarding training. However, staff we spoke with understood what to do if they witnessed poor practice within the home.

Learning lessons when things go wrong

- The provider's systems were not robust enough to make sure incidents were reviewed and lessons were learnt to mitigate the risk of recurrence. Incident investigation records were not always fully completed to show the actions taken. However, due to the low number of incidents which happened, the registered manager was able to tell us this information.



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

- Staff had not received regular training to support them in their roles and to help them understand their responsibilities. Staff who completed risk assessments and care plans had not received training in these areas. Staff who supported people with their oral hygiene, diabetes, continence and catheter care had not received training.
- The provider's training record showed most staff's training was out of date and needed refreshing. It also showed key areas of training had not been completed by some staff such as food hygiene, equality and diversity and moving and handling.
- Following our inspection, we requested the provider send us their training policy. This was to help us understand their rationale for training expectations at the service. The provider failed to send us this information.

Staff had not received the training they needed to understand their responsibilities. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not ensured key information about people's health was present in their care plans. Information contained in 2 people's care plans was not clear and some information was contradictory. When we asked staff to clarify the information, they could not. This placed people at risk of not having their needs met.
- Staff did not always understand the health needs of those they supported. In some instances, staff recorded results of their observations without knowing what the acceptable observation should be for the person. This placed people at risk of not having their support needs met.
- People's oral health needs had been assessed. Although the resulting care plan was basic, it informed staff of how to support the person with their oral hygiene. The registered manager told us people had access to a dental practice and a dentist would visit people at the home if required.

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

- People told us they received home cooked meals which were varied and which they enjoyed.
- People were supported to maintain a balanced diet. People had a positive dining experience where they made choices about their meals and interacted positively with each other and staff.
- Where people were on special diets, such as needing blended food, this was planned for. The cook had access to everyone's dietary needs and told us they would adapt meals to fit with these.

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

- Because of the homes' age, it required regular maintenance to ensure it was in good upkeep. Some areas required attention to ensure they could be cleaned effectively and to ensure people's safety. One bathroom did not have a functioning lock, which could compromise people's dignity.
- The building was an older style property which had not been purpose built as a care home, although adaptations had been made. People had access to the home's gardens and there was a large communal area for people to spend time in. People told us they were comfortable living at the home.

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.

- The registered manager and staff told us everyone who lived at the home had the capacity to make their own decisions in relation to their care and treatment. They therefore had not been required to complete any mental capacity assessments or apply for any DoLS. During our inspection we did not have concerns about anyone's capacity to make their own decisions.
- The registered manager and staff did not have a good understanding of the principles of MCA and therefore would not be competent to complete any capacity assessment if required. The registered manager had recognised this and told us they had arranged for extra training in this area.

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

- People had access to healthcare services as required. Other agencies and health professionals helped to ensure people's healthcare needs were met. Care records showed people received regular visits from healthcare professionals when needed.
- When there were concerns with people, they had shared this information with the relevant health professionals to help maintain their health and wellbeing.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- The provider had failed to demonstrate respect towards people. The physical environment within which people lived and spent time was not safe and had potential to cause harm to them.
- People's confidential information was not always respected as staff had failed to keep it secure at all times. A folder containing people's confidential medicine records was found left open on a medicine trolley and was accessible to anyone who walked past it.
- Despite our findings at this inspection, people told us they felt well cared for and looked after. One person told us, "I'm well looked after, I get what I need." Another told us the staff were, "Smashing."
- We saw staff responded to people's needs in a kind and caring way. Staff recognised when one person was in discomfort and took swift action to provide care and support to them.
- Staff knew people and their families well. One staff member told us, "I love this place, it is homely, the residents get on."

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

- People told us they had choice and staff involved them in making decisions about their care.
- Staff were observed asking people for their choices during the inspection. Staff asked people what they would like to eat or drink and supported people to access communal areas of the home.

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

- Personalised care was not always planned for. People's care plans did not always contain the required information to ensure staff knew how to support them according to their needs. Key information about specific monitoring of people's health needs was not always recorded.
- People did not always receive their preferred care. One person's care plan state they wished staff to support them with a specific task. However, staff were not aware of this despite it being in their care plan and the care plan having been recently reviewed.
- People's care plans contained their views and how they preferred their care and support to be given. However, with key information missing from these care plans, people may not always receive personalised care and support.
- People received the food which they preferred. The cook told us they spoke with people, so they knew what their likes and dislikes were. They told us they were able to give people what they wanted; for example, they had made a curry for one person because they were aware the person liked spice.

Meeting people's communication needs

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

- People's care plans referred to their communication needs and any impairments they had. However, they only provided limited information on how staff could support them.
- The registered manager told us they were not aware of the Accessible Information Standard. They therefore had not fully implemented the Accessible Information Standard to identify, record and meet the information and communication needs of people with a disability or sensory loss.

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 told us they were happy with how they spent their time at the home and they had plenty to do. One person told us they were supported with their knitting and another told us if they want a magazine or a paper then one of the staff would get one for them.
- People took part in various events including a weekly exercise class which people told us they enjoyed. They also had live entertainment, games, quizzes and listened to music. One staff member told us they used

memory cards and prompts to promote discussion with people.

- The provider ran a day centre and lunch club at the home for 3 days of the week, where people from the local community could come to the home. This gave opportunity for people to meet different people and to join in the activities on these days.

Improving care quality in response to complaints or concerns

- People told us if they were not happy, they would speak with staff and they felt confident to do this.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them. The registered manager told us they had not received any formal complaints for at least 12 months. We saw multiple compliments from people and relatives regarding the caring and sensitive approach from staff towards them.

End of life care and support

- People's end of life wishes had been recorded in their care plans. This gave their preferences on where they wanted to be cared for during their final days and their wishes following their death.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to ensure governance checks were robust and actions were taken in a timely manner. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Continuous learning and improving care

- Following our previous inspection the provider was issued with a warning notice. This gave a date when we expected them to become compliant with this regulation. At this inspection, we found the provider had not complied with this warning notice and we identified many of the same issues as our previous inspection.
- The service provider comprised of a board of trustees. The registered manager told us they often spoke with trustees, and they came to visit the service. However, there was no evidence of provider oversight or scrutiny of the service to monitor the quality of the service provided.
- The provider had failed to take action on areas of concern they had previously been made aware of, which placed people at significant risk of harm. An NHS medicines team visit in November 2022 identified the medicine fridge was running a temperature which was too low. A fire risk assessment in September 2022 had identified a number of risks which required priority action to be taken. Although recommendations had been made, these had not been addressed.

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

- All providers are legally required to nominate an individual to act as the representative for the provider. This nominated individual (NI) is responsible for supervising the management of the regulated activity. Following the departure of their previous NI, the provider did not demonstrate understanding of their regulatory responsibility and did not appoint a new NI in a timely manner.
- The provider's checks were not effective in identifying and driving improvements within the home. The provider's governance systems had failed to identify the medicines, infection control or environmental concerns we found at this inspection.
- People were exposed to potential harm because the provider had not ensured staff had a clear understanding of their responsibilities and accountability with regards to completion of care records. People's care records had not always been completed correctly and they were not always completed in a

detailed manner.

- The provider had not ensured staff were competent to understand what they recorded. Staff had recorded hot water temperatures, kitchen and medicine fridge temperatures as they were required to. However, they had not recognised these temperatures were not within safe limits. This failure placed people at risk of having their health, safety and welfare neglected.
- The provider had failed to keep up to date with and implement relevant nationally recognised guidance. They also had failed to operate within their own policies and procedures. This put people at risk because the provider was unable to demonstrate effective management of the service.

This is a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection a new nominated individual was put in place.

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

- The culture at the home did not fully support person centred care due to the risks and issues we identified with the environment and records. The provider had not ensured adequate oversight to address these risks and to ensure staff were confident in their roles.
- The provider needed to improve staff support and leadership at the home. The service had a small, well established staff team who had all worked for the provider for a number of years. Staff told us they were committed and wanted the service to improve.
- People told us they enjoyed living at the home and staff told us they enjoyed working there. One staff member told us, "People do get a good service from the staff as everyone genuinely cares. We get to know people and their families and what is important to them. This is a community home."

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

- The registered manager was aware of their responsibilities under the duty of candour regulation. They told us they understood their legal responsibility to be open and honest with people when things went wrong.

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

- The registered manager told us people's opinions were asked for through surveys. Following a recent survey, the registered manager told us people wanted to try different foods and so different cuisines were to be introduced. Also, one day a week they planned to have a "free day", where people could choose in advance what meal they would like.
- The registered manager held meetings with staff, but these were not frequent. The last meeting had been October 2022, which was 2 months prior to our inspection. Although these meetings were not held regularly, staff told us they had opportunity to put forward their opinions about the service.

Working in partnership with others

- The registered manager recognised the importance of partnership working for the benefit of people, staff and the service. They worked with local agencies and since our last inspection, had reached out to other registered managers for guidance and support. The home had a solid community involvement and most staff and residents were from the local community.

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 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were suitably competent and skilled to carry out the duties they were employed to perform. 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the premises people lived in were safe to use.</p> <p>The provider had failed to ensure people were kept safe from the risks associated with fire.</p> <p>The provider had failed to ensure failed to ensure equipment was safe to use.</p> <p>The provider had failed to ensure the proper and safe management of people's medicines.</p> <p>12(1)(2)(a)(b)(c)(d)(e)(g)(h)</p>

The enforcement action we took:

We imposed a condition on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality systems were not operated effectively to continually assess, monitor and improve the quality and safety of the services provided.</p> <p>The provider had failed to take action to mitigate the risks to people when they had been previously been identified.</p> <p>The provider had failed to ensure information about their service was recorded, analysed and reviewed by staff with the appropriate skills and competence to monitor and mitigate risks effectively.</p> <p>The provider failed to implement relevant nationally recognised guidance and failed to operate their own policies effectively in the management of the regulated activity.</p> <p>17(1)(2)(a)(b)(c)(d)(e)(f)</p>

The enforcement action we took:

We imposed a condition on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure recruitment checks were carried out in line with the requirements of Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 19(1)(a)(2)</p>

The enforcement action we took:

We imposed a condition on the provider's registration