Four Seasons Health Care (England) Limited

# East Riding Care Home

## Inspection report

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29 June 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection took place on the 27 June 2018 and was unannounced. We carried out a further visit to the home on 29 June 2018 to complete the inspection.

East Riding is a 'care home.' People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 67 people. There were 34 people living at the home at the time of the inspection.

The home was divided into two smaller 'homes.' Millview was located on the ground floor and accommodated those people who had general nursing and personal care needs. 'Wansbeck' was located on the first floor, for those people who had a dementia related condition.

We last inspected the home in August 2016. At that time, we found the provider was meeting all the regulations we inspected. We rated the service as good.

A registered manager was in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Following our inspection, the registered manager told us she was going to step down from her post, because her passion was "hands on care" and she wanted to return to care duties. The regional manager explained that they had advertised the post and the registered manager was going to remain in post until a replacement manager was found. The service was supported by senior management.

The service had been through a period of unsettlement. There had been a number of anonymous concerns raised in late 2017 and early 2018. The local authority was investigating these concerns and had placed the service into organisational safeguarding. This meant that the local authority was monitoring the whole service.

Prior to the inspection, the provider had agreed to a voluntary suspension of admissions to the service. At the time of the inspection, the suspension had been lifted, however, the local authority were monitoring all admissions to the home.

There had been a fire safety visit on 19 May 2018 by Northumberland Fire and Rescue Service who had deemed that some people were at risk in the event of a fire. There were shortfalls and omissions relating to the fire risk assessment and fire/smoke detection devices. The registered manager told us that these issues were being addressed. We also found that maintenance and servicing records were not always available or accessible to demonstrate that the premises and equipment were safe.

There were omissions in the recording of some people's medicines. Individual guidance to inform staff about when medicines prescribed to be given only when needed, was not always detailed or person centred.

Most people, relatives and staff told us that more staff would be appreciated. Because of the previous suspension, occupancy levels were still quite low. Some staff raised concerns about staffing levels once occupancy levels increased. Due to the size of the service, it was difficult at times to find staff in 'Wansbeck.' The registered manager and regional managers were aware of this issue and were looking at possible solutions such as dividing Wansbeck into two smaller areas. We have recommended that the provider keeps staffing under review to ensure that sufficient staff are deployed at all times.

Prior to our inspection in late 2017 / early 2018, there had been two episodes of diarrhoea and vomiting followed by a flu outbreak. The registered manager told us that this had contributed to a number of people losing weight. We found that nutritional risk assessments were not always completed accurately and there had been a historic delay in referring two people to the dietitian. This delay corresponded to the time when there had been a number of concerns raised about the home and the home had been placed into organisational safeguarding. At the time of our inspection in June 2018, we found that those who had lost weight loss had now been correctly referred to the dietitian and most people who had previously lost weight had now gained weight.

People were 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 place supported this practice.

Staff had completed training in safe working practices and specific training to meet the needs of people who lived at the home. There was a supervision and appraisal system in place to support staff.

Most people and relatives told us that staff were caring. Staff promoted people's privacy and dignity. Staff knew people well and could describe their likes and dislikes. Care plans were in place, however, some care plan reviews were not always specific or person centred.

There was an activities coordinator employed to help meet the social needs of people. A varied activities programme was in place.

Regular audits and checks were carried out to monitor all aspects of the service. However, these had not highlighted the shortfalls identified by Northumberland Fire and Rescue Service. We found other shortfalls which had not all been identified by the provider's auditing system relating to servicing records and medicines management.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

There were shortfalls relating to fire safety which had been identified by Northumberland Fire and Rescue Service. The provider was taking action to address these.

Maintenance and servicing records were not always available or accessible to demonstrate that the premises and equipment were safe.

There were omissions in the recording of some people's medicines.

Most people, relatives and staff told us that more staff would be appreciated. Safe recruitment procedures were in place.

### Is the service effective?

**Good**

The service was effective.

Staff had completed training in safe working practices. There was a supervision and appraisal system in place to support staff.

Staff followed the principles of the Mental Capacity Act 2005. People were supported to access health care services.

People were supported to have a nutritious diet and they received adequate hydration.

### Is the service caring?

**Good**

The service was caring.

Most people and relatives told us that staff were caring.

Staff promoted people's privacy and dignity. People and relatives were involved in people's care.

### Is the service responsive?

**Good**

The service was responsive.

There was a varied activities programme in place. An activities facilitator was employed to help meet people's social needs. A second activities coordinator had been appointed.

Staff knew people well. Care plans were in place however, some care plan reviews were not always specific or person centred.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

A registered manager was in post. She informed us after the inspection that she was stepping down from her management post to return to care duties.

The service had been through a period of unsettlement. At this inspection, staff told us that improvements had been made and morale was improving.

Regular audits and checks were carried out to monitor all aspects of the service. However, these had not highlighted the shortfalls identified by Northumberland Fire and Rescue Service. In addition, certain servicing records could not be located or easily found to demonstrate the premises was safe. There were also omissions relating to medicines management.

# East Riding Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 June 2018 and was unannounced. We carried out a further announced visit to the home on 29 June 2018 to complete the inspection. Two adult social care inspectors attended the home on the first day of the inspection and one inspector attended on the second day. A specialist advisor in nutrition attended on the second day of our inspection together with 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 service.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how they are addressing the five questions and what improvements they plan to make.

We spoke with Northumberland local authority safeguarding, contracts and commissioning and care management teams prior to our inspection. We also spoke with Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

During the inspection, we spoke with 10 people and nine relatives. We also spoke with a community matron for nursing homes, a dietetic assistant, a social worker, a behavioural support clinician, a reviewing officer, a community psychiatric nurse and an infection control practitioner from the local NHS Trust.

We spoke with the registered manager, regional manager, regional residents' experience manager, residents' experience manager; two care home assistant practitioners, a trainee care home assistant practitioner, three care workers, the activities coordinator, kitchen staff, a housekeeper, the administrator and the maintenance person. The regional residents' experience manager and residents' experience

manager were responsible for the education, implementation and evaluation of best practice within the company. We also spoke with three staff on night duty to find out how care was delivered at night.

We observed people's care and support in communal areas of the home and viewed seven people's care records to ascertain how care was delivered. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

Prior to our inspection, the local authority had placed the home into 'organisational safeguarding.' This meant that the local authority was monitoring the whole home. As part of the safeguarding process, terms of reference were set and an action plan was formulated. We contacted a safeguarding adults officer prior to our inspection. They stated, "The home has been working really well with myself throughout the process."

Safeguarding procedures were in place. Staff were knowledgeable about what action they would take if abuse was suspected. They raised no concerns about staff practices at the home. One staff member told us, "I have no concerns about safeguarding - I wouldn't tolerate anything like that. I would report anything straight away."

Most people told us they felt safe. One person told us that they did not always feel safe since people with a dementia related condition sometimes went into their room. Another person raised an issue about the attitude of a night staff member. We passed this on to the registered manager for their information and action as necessary.

We checked the safety and suitability of the premises and equipment. One person told us, "It needs a few DIY improvements." Another said, "It's very nice, always clean."

There had been a recent fire safety visit on 19 May 2018 by Northumberland Fire and Rescue Service, which had deemed that "some people were at risk in case of fire." The fire safety inspecting officer had sent a schedule of works which required attention. This included fire training, fire risk assessment and fire/smoke detection devices. We spoke with the registered manager and regional manager about fire safety. They told us that the issues raised were already being addressed. However, at the time of the inspection, not all necessary work had been completed.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

Staff were aware of infection control procedures. They had access to and used personal protective equipment such as gloves and aprons. However, we saw that some areas of paintwork on the first floor were damaged. This meant these areas could not easily be cleaned. In addition, some of the bedroom doors were damaged where handles and locks had been changed.

The provider had changed maintenance companies. Details of work which had been carried out had been saved on the previous maintenance company's portal, which the home could no longer access. The most recent electrical test in October 2014 stated that the installations were 'unsatisfactory.' There was no evidence to demonstrate that remedial work had been carried out. The regional manager emailed us to state, "I have been advised that an electrician will go to East Riding on Monday…He is sure the works have been completed but it was in the previous company period who provided our estates work and the records are difficult to locate. [Name of maintenance company] will carry out a new five year test if appropriate and

complete what is required." Following the inspection, the registered manager sent us documentation which demonstrated that the electrician had carried out the necessary remedial work on 9 August 2018. The results of other maintenance and servicing tests were also difficult to locate. These were forwarded to us following the inspection.

Whilst we were satisfied that action had been taken with regards to the electrical installations; we considered that an effective monitoring system was not fully in place to ensure records of servicing and maintenance were available and up to date.

We checked medicines management. Two people whose medicines administration records we viewed were prescribed a medicated patch for the treatment of dementia. There was no record for one person to show where the patch was applied and records relating to the second person did not demonstrate that the site was rotated in line with the manufacturer's guidance to prevent side effects.

Individual guidance to inform staff about when medicines prescribed to be given only when needed, was not always detailed or person centred. Several people were prescribed a medicine for anxiety. Guidance stated that staff should administer this medicine to "relieve agitation." However, it was not clear how people presented when they were "agitated." We read that staff administered one person's anxiety medicine after the person was going into other people's rooms. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

Some people displayed behavioural disturbance and distress. We spoke with three health and social care professionals who told us records relating to people's behaviours and the interventions used by staff to support them during these episodes lacked detail. This meant it was difficult to monitor and evaluate the effectiveness of these. One health and social care professional told us, "They're not consistent, sometimes they do them, sometimes not [behavioural charts] which makes it difficult to tell if it if they are doing it [care interventions]." We spoke with the registered manager about this issue. She told us that this was already being addressed.

Most people and relatives told us that more staff would be appreciated. Comments included, "There are definitely not enough staff," "They are short of staff as I have to keep asking for someone to come and move me up the bed, and I have to wait quite a while for my call to be answered," "There are not enough staff to care for those with complex needs" and "It's okay but under staffed." Some staff also told us that more staff would be appreciated. Comments included, "Some days are better than others," "We don't interact with them as much as we used to" and "We used to help with activities here because there were more of us. We used to stop and sit with people and have a drink and watch a soap, now you work hard, 8 -8."

Prior to the inspection, the provider had agreed with the local authority that they would not accept any new admissions to the home because of the previous concerns and the placement of the home into organisational safeguarding. This suspension had now been lifted; however, the local authority was monitoring all admissions to the home. Because of the previous suspension, occupancy levels were still quite low. Some staff raised concerns about staffing levels once occupancy levels increased.

We spent time in Wansbeck where people who had a dementia related condition lived. Some people sat in the main lounge, whilst others sat in corridor seating areas. Some people displayed episodes of distress.

Due to the size of the service, it was difficult at times to find staff, to support people who were sitting in the lounge or corridor areas because staff were busy providing care in people's bedrooms. The registered manager and regional managers were aware of this issue and were looking at possible solutions such as dividing the floor into two smaller areas.

We recommend that the provider keeps staffing under review to ensure that sufficient staff are deployed at all times.

There were assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm.
Areas of risk included choking, falls, moving and handling, malnutrition and pressure ulcers. We noted that nutrition risk assessments had not always been completed accurately. The registered manager told us that this was being addressed.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before staff started work. We examined one staff member's recruitment file and noted that a Disclosure and Barring Service [DBS] check had been obtained. Two written references had also been received. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

Accidents and incidents were analysed to help identify any trends to ensure action was taken to reduce any reoccurrence. The registered manager told us that one person had had several falls. Staff had arranged for the GP to review the person's medicines which had reduced the number of falls. Lessons learnt including those relating to safeguarding and complaints were identified, however, these were not always recorded. The registered manager told us, "I'm improving on recording lessons learnt."

Good

# Is the service effective?

## Our findings

People and most relatives told us that staff met their needs effectively. One person told us, "The staff are all well trained in moving and handling, and they ask consent when they are doing anything regarding my care." One relative raised concerns about the consistency of staff who did not always know their relation's needs.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. One staff member said, "They sent someone in to explain about behaviours and they do teach us." The registered manager gave us a copy of the home's training statistics. This showed that staff had completed various training courses such as moving and handling and dementia care. Care home assistant practitioners [CHAPs] were in post. CHAPs are care staff who have undertaken additional training to enable them to complete and support nursing care tasks.

Induction training was completed to make sure that staff had achieved acceptable levels of competence in their job roles.

Staff told us that they felt supported in their roles. A supervision and appraisal system was in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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 Act 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements. Mental capacity assessments had been completed and best interests decisions made, where people lacked the capacity to make certain decisions. For example, any restrictions on people's movements such as the use of bed rails.

Prior to our inspection in late 2017 / early 2018, there had been two episodes of diarrhoea and vomiting followed by a flu outbreak. The registered manager told us that this had contributed to a number of people losing weight.

The registered manager told us that she had instigated monthly weight loss meetings. These meetings detailed what action needed to be taken such as food fortification and weekly weights. We noted however,

there was no evidence that these had taken place between April and May 2018 when the registered manager had not been at work. Nutrition risk assessments were in place which highlighted if people were at risk of malnutrition. We noted however, that these assessments were not always completed accurately and there had been a historical delay in referring two people to the dietitian. This delay corresponded to the time when there had been a number of concerns raised about the home and the home had been placed into organisational safeguarding.

At the time of our inspection in June 2018, we found that those people who had lost weight loss had now been correctly referred to the dietitian. Weight loss meetings were being carried out and most people who had previously lost weight had now gained weight. We spoke with a dietetic assistant who told us, "We have introduced a prescriptive fortification care plan for homes which involves offering people two nourishing drinks and three 40ml shots of double cream. The homes then phone us every four weeks to give us an updated weight for the person. East Riding phones us religiously and I don't think there has been a time when people haven't increased their weight, so it shows they're doing it right."

People and relatives told us that the meals at the home were good. Comments included, "The meals here are very nice and they always offer an alternative choice," "They flagged up when she lost weight, but they are feeding her and she is on a fortified diet" and "The meals are nice but we sometimes have to wait a while for a member of staff to feed my relative."

We spent time observing the lunch time experience. Some people were independent with eating and drinking, others required prompting and support. Staff were busy in Wansbeck and we considered on the first day of the inspection that more encouragement could have been provided for those who required prompting with their meal. We spoke with the registered manager about our observations. She told us that she would look into this issue.

'Fruity Friday' had been introduced to encourage people to eat more fruit. The activities coordinator carefully prepared a variety of fruit such as melon, strawberries and pineapple. People not only appreciated eating the fruit, but enjoyed seeing the fruity creations which the activities coordinator made.

People and relatives told us that staff contacted health care professionals to meet their specific needs. One person told us, "If a GP is needed the Home acts promptly but the doctors are not always out until a couple of days later."

Staff worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, the community matron for nursing homes, the behavioural support team, community psychiatric nursing staff, the chiropodist and dentist. The community matron for nursing homes visited regularly. She told us that staff contacted her if there were any concerns. We received mixed feedback from other health and social care professionals. Some told us there was a lack of consistency in following advice and guidance and ensuring relevant documentation such as behaviour charts were fully completed. The registered manager told us that this was being addressed.

We checked how the environment met the needs of people who lived at the home. Signs were in place in most areas of the home to help people find important rooms such as bathrooms and toilets. Areas of interest and tactile objects were displayed around the home for people to look at whilst they walked around. There was a small kitchen area where people could bake under supervision and a hairdressers and activities room. A new outdoor garden and seating area had been built. The activities coordinator told us that people enjoyed sitting out in the nice weather.

Good

# Is the service caring?

## Our findings

Most people and relatives told us that staff were caring. Comments included, "They are very caring," "They look after you and do their best. The nursing care is very good here and the staff are friendly," "It's very nice and staff are very caring." One relative explained that their relation had moved from upstairs to downstairs. They said staff from upstairs still came to visit their relation and gave them a hug. Another relative told us that some staff were nicer than others.

Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Comments included, "I would have my relative living here," "It is so lovely to come in here and feel like you're with family," "I'm happy, I love the residents," "These are my little family up here," "I love spending time individually with them" and "We don't just care, we do extra things, we will put the music on and have a dance."

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people who had become distressed. Staff were very tactile in a well-controlled and non-threatening manner. One person became upset. A staff member went over and gave them a hug. The person said, "I love you." The staff member replied, "I love you too." We saw other positive interactions. At lunch time a staff member said to a person, "Here's your lunch." The person replied, "It looks lovely thank you - can I come here again?" "Of course" the staff member said and they rubbed the person's back affectionately and said, "You enjoy your meal." Another member of staff was offering people custard cream biscuits. One person said, "My favourite;" the staff member replied and said, "I know – I have a whole pack for you!" The maintenance person was putting pictures up in another person's room. They left the room while we talked with the person and their family member. The relative told us, "He is always so lovely to [name of person]."

Staff were knowledgeable about people's likes and dislikes and could describe these to us. Comments included, "People like to have their ornaments in a certain way," "One lady likes to talk about my granddaughter and she always asks how she is," "[Name of person] likes her powder on and her lipstick" and "I take my phone in and we listen to Tom Jones while she is getting ready."

Staff promoted people's privacy and dignity. Staff knocked on people's doors before they entered and spoke with people respectfully.

Care plans contained details of how staff should promote people's independence. On the second day of our inspection, one person received a new wheelchair to ensure they could access other areas of the home.

People and relatives told us they were involved in people's care. One relative told us, "We've had a six monthly review." Care plans documented that they had been written with the person and their representative. The activities coordinator showed us the files she was completing with people. These contained details of people's life histories, hobbies and things which were important to them. Pictures and photographs were added to make the written word easier to understand. The activities coordinator told us, "I sit down and do them with the resident – I do it with them. It's the most amazing time ever; you get to

know who they really are."

Good

# Is the service responsive?

## Our findings

Most people and relatives told us that staff were responsive to people's needs. Comments included, "It's a nice place, no complaints. The staff are nice and the food is good. No complaints at all," "Yes, [they are responsive] we never had to ask anything twice" and "I have absolutely no complaints. They pick up on things – it's fantastic." One relative raised concerns about the consistency of care. They told us, "There's no continuity because of staff leaving – there's no gelling of staff." The registered manager told us that several staff had left; however, new staff had been recruited.

Care plans were in place which aimed to make sure that people's physical, social, emotional and spiritual needs were met. Staff knew people well, however, some people's reviews were not always specific or person centred. For example, one person's review stated, "remains disorientated," however, they had a dementia related condition. The registered manager told us that this would be addressed.

There was no one receiving end of life care at the time of our inspection. Information relating to people's end of life wishes was included in people's care plans. The regional manager informed us and records confirmed that the home had purchased a syringe driver. A syringe driver is small pump which releases a dose of medicine at a constant rate. They are often used in the last few weeks and days of life but they can be useful for managing symptoms at any stage.

People told us that they were asked what they wanted to do. Comments included, "They always ask me what clothes I want to put on" and "The staff tell me what time television programmes are on so that I can choose what I want to watch as I cannot get out of bed." One person told us they enjoyed regular Chinese takeaways with their family. They explained that this had been a family ritual and the home accommodated this by providing a quiet area for them to eat and enjoy the meal with their family. We spoke with night staff who told us that 24-hour care was provided and people could get up and go to bed when they liked.

We checked how people's social needs were met. An activities coordinator was employed. She spoke enthusiastically about ensuring people were happy and their social needs were met. She told us, "Can you not tell - I love my job." She also said, "I do a lot of one to ones, the main thing you can give them is time."

Most people and relatives told us that their social needs were met. Comments included, "The activities are great, Elvis [external entertainer] has been in" and "Mum has been going on trips – there's trips to Seahouses and Blyth." One person told us that more activities would be appreciated.

We found there was a varied activities programme in place. There were arts and crafts sessions, bingo, reminiscence and flower arranging. One person enjoyed jigsaws. We saw their jigsaws were displayed around the home with their consent. People were also supported to access the local community. One relative told us that their relation loved to attend the tea dances which some people attended. A second activities coordinator had been appointed. They were going to predominantly work in Wansbeck where people who had a dementia related condition lived.

There was a complaints procedure in place. There had been one formal complaint in 2018. Information was available to demonstrate what action had been taken to address the issues raised. One relative told us they felt that their concerns were not always dealt with appropriately. We passed this information to the registered manager for their information. The regional manager told us the provider was formulating a procedure for recording and evidencing how concerns were recorded so any key themes or trends could be easily identified and action taken.

There were various feedback mechanisms in place to obtain the views of people and their representatives. Meetings and surveys were carried out. 'Real time' feedback was gained through the provider's electronic monitoring system. This enabled anyone living or visiting the home to add their feedback and suggest improvements on an iPad. This feedback was transmitted to management staff so that immediate action could be taken.

Requires Improvement

# Is the service well-led?

## Our findings

In late 2017 and early 2018, the home had been through a period of unsettlement. There had been a number of concerns raised about the service and the local authority had placed the home into organisational safeguarding. Several staff had also left the service.

At this inspection, staff told us that improvements had been made. Comments included, "We've had quite a bad time, probably the worst I've known [over the Christmas period]," "Morale was low but it is getting better now," "Morale is on its way back up," "I look forward to coming into work" and "It's maybe a big home, but it's a close knit team."

There was a registered manager in post. She was not a nurse so the provider was in the process of recruiting a clinical lead to oversee people's nursing care. People, relatives and staff spoke positively about the registered manager. Comments included, "[Name of registered manager] is lovely and very supportive and she loves the residents – that is apparent. The residents come first" "You couldn't ask for a better manager," "[Name of registered manager] is lush [nice]," "[Name of registered manager] is a fantastic manager, you can approach her with anything" and "[Registered manager] is very approachable."

Following our inspection, the registered manager told us she was going to step down from her post, because her passion was "hands on care" and she wanted to return to care duties. The regional manager explained that they had advertised the post and the registered manager was going to remain in post until a replacement manager was found. The home was supported by senior management, including the regional manager, the resident experience regional manager and the resident experience manager who visited the home regularly.

Regular audits and checks were carried out to monitor all aspects of the service. However, these had not highlighted the shortfalls identified by Northumberland Fire and Rescue Service relating to fire safety issues. We found other shortfalls which had not all been identified by the provider's auditing system. Due to the change in maintenance company, certain servicing records could not be located or easily found. We also found shortfalls with certain records relating to people and medicines management.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>An effective system was not fully in place to ensure the premises were safe and appropriate fire safety measures were followed. Regulation 12 (1)(2)(a)(b)(d). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>An effective system was not fully in place to ensure the safety of the premises or make sure that records of servicing and maintenance were available. In addition, there were shortfalls in the maintenance of records relating to medicines management and other records relating to people's care. Regulation 17 (1)(2)(a)(b)(c)(d)(ii). |