

Friary Fields Limited

# Friary Fields Care Home

## 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

Friary Fields is a residential care home providing personal care and support to 22 people aged 50 and over at the time of the inspection. The service can support up to 34 people.

The service accommodates people in one adapted building with people's bedrooms on two floors. It has shared lounges and dining areas and a conservatory providing access to a garden area with raised flower beds and seating areas. There is an access ramp for people who use a wheelchair.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The environment was poorly maintained, unclean and not furnished to a good standard.

People were not safe. Risks were not assessed and appropriately managed. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed

When significant incidents had occurred, action was not always taken to keep people safe. The registered manager had failed to notify the CQC of significant events.

People did not receive an appropriate food and drinks to meet their specific dietary requirements.

People and relatives said they liked the staff. Staff were kind and caring. People's privacy and dignity was not always maintained.

Records showed that when people became unwell or needed additional support they had access to a range of health and social care professionals in respect of their well-being.

Staff recruitment was safe. Appropriate checks were undertaken to ensure staff employed were suitable to work with vulnerable people. Staff had access to mandatory training to do their job role and received regular supervision from their line manager.

### Rating at last inspection

The last rating for this service was Good (published 3 January 2018).

### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service was hospitalised. This incident is subject to an ongoing adult's safeguarding investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of people's safety within the service. We were informed that the service failed to seek prompt medical attention for a person living in the service and the service lacked robust infection control processes. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

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 Friary Fields Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to premises and equipment (cleanliness and physical environment), safe care and treatment, the need for consent, lack of person – centred care, and good governance at this inspection.

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

### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Friary Fields Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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

#### Service and service type

Friary Fields is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

This inspection was unannounced.

#### What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group, infection prevention and control team, Nottinghamshire fire and rescue service and other professionals who work with the service. We contacted 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 all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the providers, registered manager, senior care workers, care workers, domestic staff and the cook. We spoke with two visiting professionals who regularly visit the service during the inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- The service was found to be unclean and in a poor state of repair throughout, with a strong malodour. The main areas of significant concern we observed were; the service was noted to be visibly dirty with signs of debris throughout, door handles were sticky to the touch and faulty in many cases, both in residents' rooms and communal areas.
- Carpeting was frayed on all stairs, handrails on stairs and ramps were sticky to the touch, with peeling 'red warning' tape, pressure relieving cushions within the service were found to be ripped and stained, toilets and communal bathroom areas were noted to be soiled, with embedded dirt; in need of a deep clean and in some cases without toilet roll. One person told us, "They are forever running out of loo rolls here."
- One person told us, "I think my mattress is damp. It certainly feels like that." We checked their room and found that their bed linen consisted of a plastic-coated mattress, the bottom sheet of which was a flat sheet which did not fit over this. We found that in the recent warm weather with a thick duvet, the person may perspire at night and this may have caused the damp. The persons pillows were heavily soiled and of poor quality. The person also had dirty nightclothes. We found in records that three other bedrooms had only had their bedlinen changed once during the last month.
- The laundry room was found to be dirty and poorly maintained, with bare brick walls and no hand-washing facilities. One person told us, "They do find your laundry when you ask, but it doesn't always come back to you automatically and there was one time when I got the dirty stuff back."
- The kitchen cleaning audit showed that weekly cleaning tasks had been signed as completed, but monthly cleaning tasks had not been completed. There was a temporary member of agency staff working in the kitchen. This person had not been given any clear guidance on the kitchen cleaning schedule.
- It was noticeable that the cleaning schedules for the service were difficult to read, due to their poor condition and disorganisation, they had not been checked or signed off by the registered manager.
- These issues had been previously identified in the Infection Prevention and Control Team Audit (originally conducted 31/12/18 with updated actions identified on an unannounced visit carried out on 20/03/19). Recommendations had been made in this audit to repair or replace furniture, carpets, flooring and pillows that were identified as no longer 'fit for purpose' by a maximum date of 30/06/19. We found this had not been carried out by the registered manager and domestic staff.
- On arrival at the inspection, we were informed by a third party that a person living at the service may currently have a communicable illness. We discussed this with the registered manager, who had not made the inspection team aware of this on arrival. The registered manager told us the person was apparently clear of infection, although we saw no documentary evidence from a medical professional to say this was the

case, and no precautionary infection control process within the service was evident for this person.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded but the registered manager had failed to mitigate known risks and not followed up to ensure actions had been taken to keep people safe. For example, one person who required support to access the community had recently left the home unsupervised and was found in a vulnerable state. Records showed this was a known risk as they had left the home unsupervised on two other occasions. Despite this, action had not been taken to reduce the risk, and the registered manager had failed to notify the CQC regarding these incidents. This shows the registered manager had not implemented robust management or support plans for this person. Learning from this incident had not been analysed or shared with the staff team.

The failure to learn from accidents and incidents and to protect people from the risk of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Risk assessments for specific areas of people's care, such as falls, and mobility requirements were in place. We saw care plan reviews had taken place, but pertinent information had not always been updated for people, this meant that any deficiencies in care plans had not been identified or addressed. Care plans did not always reflect the current health needs of service users. They did not follow best practice guidance or have measurable targets and outcomes for people. The registered manager explained that these were in the process of being updated following recent recommendations made by the Local Authority.
- There were certificates in place for the electrics, gas, fire alarm and moving and handling equipment to verify their safety.
- People had personal emergency evacuation plans (PEEP's) in place. These plans provided staff and emergency personnel with important information about the support each person required in an evacuation.
- Staff understood their responsibility to report safeguarding incidents and had received training in safeguarding adults.

#### Using medicines safely

- People did not have robust protocols for PRN (as required) medication. This was not personalised in people's records.
- Some people did not receive their medications as prescribed. One person was given a painkiller in a beaker of cordial, which was not documented in their care plan. One person told us, "I get my medication regularly in a little pot and they (staff) watch me take them."
- We had concerns about the effective storage of some medications, as there was no specific fridge provided in the drug room; a 'drug box' was placed in the kitchen fridge. There was a risk this could affect the efficacy of medications that were not maintained at a constant temperature. We discussed this with the registered manager, and they told us this was being addressed.
- When people were prescribed medicines via a patch, there was a system in place to record the site and time of application.
- Records showed that staff administering medicines were trained and had competency checks.

#### Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member's employment to ensure they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.



- The number of staff on duty was sufficient to meet people's needs. One person told us, "There seem to be enough staff most of the time." Although one person said, "I don't think any of these places ever has enough staff." One member of staff told us, "They felt there were enough staff, but that the seniors had to work very hard, and another member of senior staff would make life easier."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not supported appropriately to have choice and control of their lives because the key principles of the MCA were not always applied.
- Mental capacity assessments did not always reflect people's needs and were not decision specific or personalised. For example, we saw there were restrictions in place upon a person's personal relationship. There was no evidence that this was in their best interest or that other less restrictive options had been considered. This did not respect their rights, and this showed a clear lack of personalisation and involvement of people in decision making around their care and consent.
- Several of the MCA assessments that we viewed had been copied and pasted from a 'master copy'. For example, we found one person's document, who was female, went on to describe the person within the document as 'him' and 'himself'. We discussed this with the registered manager during the feedback. They could not provide a suitable explanation for this.
- There was a lack of robust tracking of DoL's applications in evidence to show when applications had been made, who had authorisations and the expiry date and whether there were any conditions on the DoLS. The registered manager had been asked by the local authority to ensure these were managed more effectively to

ensure any conditions were being met, which they were in the process of implementing.

There was a lack of effective systems to ensure people's consent was obtained and the principles of the MCA were followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff seeking people's consent during our visit with regards to their day to day support.

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

- The service was noticeably poorly maintained and in need of upgrading throughout. Wardrobes were not fixed to walls in bedrooms, giving a risk of independently mobile people being able to pull these down and become entrapped. The fireplace in the main front lounge was tiled and heavily chipped. This could present a risk of people cutting themselves on this area.
- Chairs in all communal areas were heavily stained, with some observed to be visibly wet and with a strong malodour, this had been commented on by staff and recorded in the previous two staff meeting minutes. Some chairs in the small dining area were found to be broken, others had not been deep cleaned regularly as requested in the infection control audit. In relation to the environment, one person told us, "The place is ok. It's a bit shabby in places." Another person commented, "Everyone knows they don't like spending money, so that's why things are a bit worn out in places."
- Signage within the service to support people living with dementia was inadequate to help people to find their way around the building. Lighting was poor in corridor areas, and flooring was noted to be worn and cracked in areas where there was the heaviest usage. This creates a risk for those people who use mobility aids, wheelchairs, are at risk of falls or who need support with their mobility.

The provider failed to ensure the premises were suitable or properly maintained for the purpose for which they were being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Information about people's specialist dietary needs was variable. For one person the information was detailed clearly showing their needs and preferences. However, for other people there was a lack of clarity about the food and drink they could have. For example, we found two people who had been identified in their care plans as requiring a vegetarian diet, yet the service offered only two meat options at mealtimes.
- There was confusion amongst the staff we spoke with, including the registered manager, in relation to the people who had diagnosed diabetes. The agency cook had not been told that anyone using the service required a specialist diet, and the nutritional profile on display in the kitchen was outdated.
- When people required their dietary intake to be monitored, food and drink records were not always accurately recorded. This meant that it was difficult for the registered manager and staff to tell if the person had received sufficient and appropriate amounts to eat and drink.
- We noted one person who had visibly lost weight (their trousers were noticeably too large) and we expressed our concerns regarding their effective weight and dietary management to the registered manager. They assured us they would investigate this and follow this up with the nursing staff.

The care and treatment of people using the service was not person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People did tell us that they generally enjoyed the food, and the lunchtime experience was observed to be relaxed. One person told us, "The food here is lovely and you get plenty. You can have more if you want to."

We don't get snacks, but I have never gone hungry." Another person said, "The food here is ok. There are some nice puddings." People were supported to eat when they needed extra help, staff assisted them at people's own pace. People were offered regular drinks and biscuits throughout the day.

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

- People's needs were assessed before they moved in to make sure the service was suitable for them. However, records we reviewed did not always accurately reflect people's current needs and preferences.
- We saw no evidence that best practice guidance on specific conditions for example, diabetes was included in people's care plans.

Staff support: induction, training, skills and experience

- Staff received training to do their job role and had regular supervision with the registered manager, including an appraisal of their skills and abilities. Staff training in mandatory areas such as safeguarding, infection control, moving and handling was up to date.
- A relative we spoke to told us, "It has the feel of a 'normal' home here and the staff are relaxed and seem trained for their role."

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

- We received positive feedback on the day of inspection from a District Nurse and GP who regularly visited the home. They told us they had a good relationship with the registered manager and staff followed professional's advice.
- Several people mentioned that they would like more regular access to a Chiropodist, which we discussed with the registered manager at the feedback session.
- Relatives told us their family member could access healthcare services when they needed.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- People were not fully supported in a dignified and suitable manner, with full regard given to their care and support needs. This relates to the concerns we found regarding poor cleanliness, bedding, clothing and unsafe dietary management for people. Although people and relatives told us that staff were kind and caring in their approach, the service was not fully meeting the requirements of people using the service at this time.
- People received appropriate support with their personal care to maintain their dignity. One person told us, "The staff work well together as a team and they are always respectful and wearing their aprons and gloves if they are washing me."
- One person told us, "The staff are very kind and respectful and always ask our permission before they do things."

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

- People told us staff treated them well. One person told us, "I have never been shown anything but kindness and respect by the staff." Another person said, "Staff are kind and very patient with me."
- We observed staff speaking to people with kindness and patience throughout the inspection. It was clear that they knew people well and understood their preferences. One member of staff told us, "As a relatively new member of staff, I try to spend as much time with everyone as possible, to learn as much as I can about them."
- Visitors said they were welcomed and could visit at any time.
- We observed and were told by people and relatives during the inspection that the staff were an asset within the service. We found that the staff were creating and driving a caring culture within the service.

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

- People told us they felt listened to. One person said, "I am sure I could talk to staff if I was worried about something." Another person told us, "I am included in my care planning and they keep my relative informed of anything that happens."
- Relatives we spoke with told us that they felt involved in the care of their family member and were kept updated by staff. One relative said, "I am included in the care planning or any changes that come up which they think I need to know about."
- We saw evidence that people had accessed independent advocacy services to act on their behalf where required.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a mixed response from people in relation to activities that were provided within the service, which was currently struggling to recruit a new activities coordinator. There was evidence of some activity provision within the home, for instance, a singer came in regularly, which people told us they enjoyed. We saw that staff were endeavouring to provide stimulation and activity along with personal care and other daily tasks. We observed one member of staff sitting with three people in the small lounge doing a word quiz during the morning, which people were engaged in, and people told us they enjoyed this.
- In relation to activities on offer, one person told us, "There are not many activities here and nobody has ever sat with me to find out about the things I like to do." Another person told us, "There are puzzles and jigsaws we can do, or watch TV, but I really like the man who comes and does all sorts of things (singing etc.). He's coming tomorrow."
- A relative told us, "I see staff sitting chatting to residents or doing puzzles, games, crafts and chair exercise with them sometimes, so there is an element of one to one support."

When we arrived at inspection, two people living in the service had expressed a wish to go out shopping, as we left, these people had still not been out on this trip.

### End of life care and support

- We found that end of life care planning did not adhere to best practice with regards to guidelines outlined by the National Institute for Health and Care Excellence (NICE) or local best practice guidance. We found no records in people's care plans relating to wishes and beliefs for their palliative care requirements.
- Some staff were knowledgeable about meeting people's needs at the end of their life. One member of staff told us there was good support from community professionals when people needed the support. The registered manager told us they were reviewing the information recorded about how people wanted their support provided at this time.

### Improving care quality in response to complaints or concerns

- Systems were in place to respond to complaints, we saw evidence that these had been responded to appropriately by the registered manager and learning shared with the staff team during meetings.
- One person told us, "We don't really have cause to complain about anything." Although another person felt that they had not been asked about their experience of using the service and told us, "Nobody has asked me if I am happy here, but I would soon speak up if there was something I wasn't happy about."

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

- Care plans contained a good level of detail about daily requirements, risk assessments, medications and medical conditions. However, some lacked personalisation regarding diet, life history, and things that were important to people. This is considered good practice and helps staff develop an understanding of the people they are supporting.
- Staff had a good understanding of the needs of people living in the service and had developed positive relationships with them and their relatives, which we observed, and people told us.
- We saw evidence that people's needs and care were regularly reviewed in their care plans, but not always updated effectively when their needs or care changed. This information was retained in the person's daily running records. This made it difficult to accurately keep track of the person's care and progress. For example, weight management was documented separately in an overall weight book for the service, so it could be difficult to have clear oversight of a person who has significant weight gain or loss.
- People told us that they had a choice in how they lived their lives at the service. One person said, "I tend to stay in this (small) lounge as it's quieter with less people. I have my meals in here too. It suits me better."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living in the home had access to the provider's complaints procedure and service user guide in an alternative format for people who may struggle to read and understand a written procedure. These were provided in an easy read format that used simple language and pictures to aid people's understanding. This meant that the service complied with the Accessible Information Standard.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

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

- The provider had failed to ensure all incidents were consistently reported to meet their legal responsibility. We found that some incidents had not been reported. For example; the day after our inspection, the provider failed to notify the CQC of an incident involving the Police. This had happened on two previous occasions and had not been reported to the CQC. This has a negative impact on our ability to monitor the safety and quality of the home.

The provider failed to ensure they notified the Commission which they are required to by law. This is a failure to notify of a significant event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

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

- The registered managers governance systems had failed to identify shortfalls in managing safeguarding processes and managing DoLS. We found there was a mismatch of information recorded on the system to ensure DoLS were appropriately updated, and conditions complied with.
- We saw a lack of evidence that incidents were robustly investigated by the registered manager. They had not ensured they had reviewed them for lessons learnt, monitoring, analysing, and reported to the CQC consistently when required.

There was a lack of effective assessment, monitoring and mitigation of the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives expressed concerns about the management of the service and, when asked, some did not know who the manager was. One relative said, "I don't know for sure who the manager is, but I'm guessing he's the one in the shirt and tie that you see wandering around the home sometimes."
- The feedback from people we spoke with and their relatives was not positive about the management of the service and the registered manager. They told us, "I have never been asked what I think of the service. I



suppose they are just glad you don't complain." Another person said, "The registered manager can be a bit abrupt with staff sometimes which seems a bit intimidating." With another person commenting, "I have never been asked what I think of the service. I am not sure they are interested."

- The registered manager showed us evidence of recent service user satisfaction surveys, which they had sent out to relatives. They had received a low return rate for the surveys but were looking into ways of improving their engagement with people using the service and their relatives and advocates.

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

- There were limited systems in place to oversee that people's care was provided in accordance with their care plans. For example, there was little evidence that the manager reviewed people's daily records to ensure people's care was provided in accordance with their care plan.
- Although we saw evidence of staff meetings being held regularly, there was anxiety amongst the staff team in relation to the proposed sale of the service and the impact of this on their employment. We saw that this had been discussed in the meetings, and assurances made by the registered manager, but it was evident that the staff still had concerns from the comments they made to the inspection team.
- Regular staff meetings took place to discuss issues associated with the service. Despite this, there was little evidence that sufficient improvements were made to the service in order to meet the requirements of the health and social care regulations.

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

- People's health and welfare needs were met by a range of local healthcare providers, social work teams and community services. The visiting GP and District Nurse we spoke with told us the staff were pro-active in their approach and that they had a good relationship with the staff and registered manager.
- Records showed that staff supported people to access healthcare appointments to maintain their wellbeing.
- Staff felt communication could be improved, although they commented that they were generally happy with the management team.

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 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the CQC of any incident which is reported to, or investigated by, the Police
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The care and treatment of people using the service was not person centred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  There was a lack of effective systems to ensure people's consent was obtained and the principles of the MCA were followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Due to a lack of cleanliness and poor environment throughout the premises.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a lack of assessment of risks to people using the service.

**The enforcement action we took:**

Warning Notice to be served to the Provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective assessment, monitoring and mitigation of the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity.

**The enforcement action we took:**

Warning notice to be served to provider.