

Louth-W Care Limited

# The Wolds Care Centre

## Inspection report

North Holme Road  
Louth  
Lincolnshire  
LN11 0JF

Tel: 01507602360

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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

The Wolds Care Centre is registered to provide accommodation for up to 66 people requiring nursing or personal care, including older people and people living with dementia. Accommodation was organised over two floors, in four separate units, with some communal facilities available to everyone.

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

A new manager had been in post for about three weeks. With support from her line manager and senior colleagues in the home, she had started to work systematically to improve aspects of service delivery. The manager had an open leadership style and responded positively to our feedback. Staff found the new manager easy to work with and were supportive of her approach.

Further improvement was required in a number of areas including medicines management; staffing; training and supervision; care planning, person-centred care provision; individual risk assessment; organisational learning; protection of people's rights under the Mental Capacity Act (2005); quality assurance and notification of significant events.

More positively, staff promoted people's privacy and independence and people enjoyed the food and drink provided in the home.

Systems were in place to ensure effective infection prevention and control and staff knew how to recognise and report any concerns, to safeguard people from the risk of abuse. Staff recruitment was safe and any complaints were managed effectively.

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

### Rating at last inspection

This service was registered with CQC on 14 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 23 September 2019.

### Why we inspected

This was a planned inspection following a change of provider and re-registration of the service as a new legal entity. However, we brought forward the date of our planned inspection as we had received concerns about the safety of care provision.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches of regulations relating to the provision of person-centred care; the assessment and management of potential risks to people's safety and welfare and organisational governance.

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

## Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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** ●

# The Wolds Care Centre

## 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 checked whether the registered 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.

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

Our inspection was conducted by three 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

The Wolds Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. However, at the time of our inspection, a new manager had been in post for about three weeks. The manager told us she planned to submit an application to become the registered manager. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information we had received from anonymous sources expressing concerns about the safety of staffing levels and other issues in the home.

We also reviewed information shared with us by other organisations including the local authority contract monitoring, health protection and safeguarding teams; and notifications submitted to CQC. Notifications are events which happened in the service that the registered provider is required to tell us about.

During the inspection

We conducted our inspection between 26 January and 2 February 2022.

During the inspection we spoke with the manager; two of the provider's operations and compliance managers; an activities coordinator; a chef; a housekeeper and seven members of the nursing and care team. We also spoke with eight residents and fifteen relatives.

We reviewed a range of written records including seven people's care file, two staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

We reviewed further information we had requested from the provider, including data relating to Deprivation of Liberty Safeguards (DoLS).

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

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

- Systems to review and learn from significant incidents were not consistently effective, increasing risks to people's safety and welfare. For example, following an incident in which a person sustained a serious injury, the provider had introduced a new procedure which required staff to check the temperature of hot drinks before they were served. However, there was very limited evidence these checks had been completed. This posed a risk of the same thing happening again.
- Systems to ensure the assessment and management of potential risks to people's safety and welfare were not always effective. For example, one person had been identified as being at risk of weight loss and staff had been instructed to weigh them on a weekly basis. However, when we reviewed the person's weight chart, there were only six weighs recorded from 1 September 2021 to the first day of our inspection. This increased the risk that fluctuations in the person's weight might not be identified, posing a potential risk to their health.
- Another person had been assessed as being at risk of developing skin damage. To help mitigate this risk, the person's care plan stated they should be repositioned regularly throughout the day. However, when we reviewed recent repositioning charts we found there was no record of any repositioning have been undertaken in the seven days immediately preceding the first day of our inspection. This increased the risk that the person might not be repositioned at the required frequency, posing a potential risk to their skin integrity.
- People did not always receive their medicines as prescribed, increasing risks to their safety. Although systems were in place for the ordering and supply of medicines, there had been significant delays in the delivery of some medicines. In response, the provider had failed to take sufficient remedial action to obtain these medicines which meant some people did not receive them as prescribed. For example, one person had not received one of their prescribed dementia medications for a five-day period in January 2022. In the same timeframe, another person had not received their prescribed anti-depressant medication for six days. This posed a risk to both people's health and wellbeing.

Taken together, these various shortfalls in the provider's approach to the management of potential risks to people's safety and welfare constituted a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager and her line manager told us they had already identified some of our issues of concern and had started to take action to address them.

### Staffing and recruitment

- In the weeks preceding our inspection, we had received information concerning staffing levels in the home. At our inspection, we discussed this issue with the manager and other senior staff who told us of the proactive measures they were taking to recruit, retain and deploy staff despite the very significant challenges presented by the COVID-19 pandemic and other workforce pressures in the care sector.
- During our inspection we found there were enough staff to keep people safe. However, staffing levels meant that people were not always provided with fully person centred care. We comment further on this issue in the Caring and Responsive sections of this report.
- In response to our feedback, the provider acknowledged further action was required to ensure staffing levels in the home were consistently sufficient to meet people's needs and preferences. One of the operations managers told us, "We need to have a jolly good look at staffing."
- More positively, we reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visiting and remained up to date with current government guidance. People were enabled to receive visitors and maintained contact with people important to them.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For example, staff had received training in adult safeguarding procedures and knew how to report any safeguarding concerns. One person told us, "I feel safe living here. I can lock my bedroom door if I need to but never feel the need to do so."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were satisfied that staff understood the importance of obtaining consent before providing care or support. However, when we reviewed DoLS applications and authorisations, we found poor record keeping had led to some people being deprived of their liberty for several weeks, without the necessary legal authority having been obtained. Shortly before our inspection, senior staff had identified this issue and taken action to more effectively track the authorisation and expiry of DoLS.
- Some mental capacity assessments and best interests decisions had not been documented in sufficient detail or in accordance with the provider's own guidance. The manager acknowledged that there was "work to be done" to ensure staff with responsibility for completing these documents had the knowledge and skills to do so effectively.

Staff support: induction, training, skills and experience

- Systems were in place to provide staff with the training the provider had identified as necessary to support the people living in the home. One staff member told us, "Training is better now [under the new owners]." Another staff member told us they had been satisfied with their induction, in particular with the revamped induction 'buddy' system which had been introduced by the new manager.
- However, when we reviewed the provider's training records we found significant backlogs in the provision of some training courses, increasing the risk that staff might lack the skills and knowledge to support people safely and effectively. For example, only 58% of relevant staff had completed the provider's Dementia Level 1 course; only 65% of relevant staff had completed the provider's Moving and Handling Course and the kitchen team had only completed 43% of the training the provider had designated as necessary.
- The overall training compliance rate was 66.5%. Acknowledging that further action was required in this area, one of the operations managers told us the aim was to maintain an 85% overall compliance rating in

each of the provider's services, and that The Wolds Care Centre was therefore in "catch up mode".

- There was also a significant shortfall in the provision of staff one-to-one supervision which the provider specified should be provided at least four times each year. One of the operations managers acknowledged the "slippage" in the provision of regular one-to-one supervision and the manager told us she had started to address the issue.

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

- Staff worked with a range of local healthcare professionals including GPs and district nurses to ensure people had access to any additional support they required. A relative commented, "[Name] has [various health issues]. They seem to manage all [of them] effectively."

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

- Most people we spoke with were satisfied with the food and drink provision in the home. One person said, "It's excellent." Another person's relative commented, "The food here is great." Both a cooked or continental breakfast was available every day and a minimum of two choices was on offer at lunchtime. Each accommodation unit had its own well-stocked kitchenette, enabling care staff to meet people's requests for fruit and other snacks, flexibly throughout the day.
- Staff were aware of people's individual nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, catering staff were aware of people who were living with diabetes. The provider had also taken action to improve choice for people who followed a soft food diet.
- Reflecting feedback from our inspectors, the manager told us she would take steps to make it easier for people living with dementia to make their own choices from the menu.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly.
- Senior staff used a variety of internal and external information sources to ensure they were aware of any changes to good practice guidance and legislative requirements. The provider was active in a national care providers' organisation and, looking ahead, the manager told us she hoped to get more involved with the local care providers' association, as a further potential source of information sharing and advice.

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

- The home was in excellent decorative condition throughout and external areas were also well maintained. Since acquiring the home, the provider had invested in several improvements including extending wi-fi provision; refurbishing the 'bistro' in the entrance area of the home; purchasing new TVs and replacing old beds and other equipment. Looking ahead, senior staff told us plans were in place to create a new sensory room and to continue to upgrade flooring in various parts of the home.
- Although the home was decorated and maintained to a high standard, the manager accepted that further 'dementia-friendly' improvements could be made to the physical environment and resources in the home's specialist unit for people living with dementia.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

### Ensuring people are well treated and supported

- During our inspection we saw staff were generally caring and attentive in their approach. However, as reported in the Safe and Responsive sections of this report, staffing issues meant people's individual needs and preferences were not always met and further action was required to ensure staff had sufficient time to care for people in consistently caring and person-centred ways. For example, when supporting people to eat or when providing personal care. One person told us, "The majority of staff are very good but there are not enough of them."
- More positively, most people told us staff were kind and considerate. For example, one person said, "The staff are very caring." A relative commented, "They always smile, even when the going is tough." During our inspection we observed staff generally attended to people's needs with patience and compassion, despite the various demands upon their time. One person told us, "Staff are very helpful."
- The provider was also committed to promoting the welfare and happiness of the people living in the home. For example, since taking over the home, the provider had bought a new minibus to make it easier for people to access local facilities. On their birthday, people received a homemade cake and a card. At Christmas people received a personalised gift.

### Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Staff were committed to supporting people retain their independence for as long as possible. For example, one staff member said, "We try our hardest to encourage people to maintain their independence. It's more dignified and it makes them feel a lot better about themselves."
- Staff understood the importance of supporting people in ways which helped maintain their privacy. For example, as we were passing an open bedroom door, a member of staff quickly but discreetly closed the door to protect the dignity of the person inside, who was not fully clothed. People's personal information was stored confidentially, in both electronic and paper formats.
- Staff were also aware of the importance of caring for people in ways which took account of their diverse cultural preferences. For instance, arrangements were in place to support people to continue to practice a variety of religious faiths.

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

- Staff were committed to involving people in decisions about their care. For example, one staff member told us, "Although I have read people's care plans, I still always ask them. For instance, with medicines, some people want to take it with [fruit] juice rather than water. And some people want it on a spoon."
- Senior staff were aware of local lay advocacy services and told us they would help people obtain this type

of support, whenever it was necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated 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; 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 did not always receive person-centred care and support that met their requirements and preferences.
- People told us there were not always enough staff available to meet their needs in a timely way. For example, one person said, "There are not enough staff. They take a long time to answer call bells ... then carers come and say they will be back in a minute but then don't come back for a long time." Another person said they had counted 75 rings of the night call bell before it was answered and that this was not unusual.
- Similarly, one staff member told us, "Staffing is a bit of an issue ... some days are better than others. When we are short, residents are having to wait to go to the toilet and to get up. [And] if we are [providing] personal care [to a resident] and [we've] not got a third carer we [sometimes] have to leave [that] resident to answer the call bell. They are not waiting more than 15 or 20 minutes [but] they shouldn't be waiting ... it is definitely distressing for [some people]." On the first day of our inspection, we listened as one person called out for 12 minutes before a member of staff member came to provide them with support.
- Staffing issues also meant people did not always enjoy a positive dining experience. One person told us, "I would like to see more staff in the dining room. I often get left in there for long periods of time whilst carers are supporting others." In the light of this comment, we observed lunchtime on the unit this person lived in and saw, in line with the feedback we had received, there were insufficient staff deployed to ensure everyone who required eating support had a relaxed and dignified mealtime experience.
- Additionally, people's social needs were not always met. The provider employed a team of activities coordinators. However, one of the activities coordinators told us there had been a recent reduction in the number of communal and 1:1 activities provided, as the activities team had been "taken off activities and put on care". For example, the provider's recent 'activity recording' forms documented one person had been offered the opportunity to participate in 23 1:1 or communal activities in November 2021 but only five in December 2021, significantly reducing potential opportunities for stimulation and social interaction.
- We reviewed a selection of individual care plans and found they were generally well-organised and provided staff with key information on people's care and support needs. However, staff did not always reflect the content of people's care plans in their practice. For example, one person's plan stated they should only be offered small amounts of food to encourage eating, as they were at risk of weight loss. However, on the first day of our inspection, we noted the person was served with a full plate of food. They ate two mouthfuls but then became distressed, got up from the table and initially refused any more food.
- Care plans were reviewed on a monthly basis. However in some care plans, the wording in the review section was the same, month after month, indicating a lack of rigour in the review process. For example, in the November 2021 review of one person's plan, the reviewer had noted a follow-up action was required.

Their wording had been transferred word-for-word to the December 21 and January 22 reviews, with no indication that it had ever been followed up or completed.

Taken together, these shortfalls in the provider's approach to care planning and the provision of person-centred care and support constituted a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were still able to pursue their own personal interests. For instance, we saw several people enjoying their morning paper. One of the activities coordinators told us there were some active knitters in the home and other people enjoyed the opportunity to play darts and dominoes.
- Looking ahead, one of the activities coordinators told us she hoped the progressive relaxation of COVID-19 restrictions would make it easier to organise more outings in the local community, making use of the new minibus the provider had recently supplied.
- Since acquiring the home, the provider had invested in new furniture and equipment to help meet people's individual needs and preferences. For example, the provider had purchased bespoke bedroom wall units to enable one person to organise and access their personal items more easily. New lounge and dining room chairs of differing heights had also been purchased, to support people mobilise more easily and to increase choice.

### 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.

- The manager told us she was unaware of the AIS but said she would take action to incorporate it within the home's policies and procedures. In the meantime, the provider understood the importance of responding to people's individual communication needs and preferences. For example, staff had access to specialist computer equipment to assist people with visual impairments to access communal activities.

### End of life care and support

- As people approached the end of their life, staff worked with agencies such as Macmillan and Marie Curie to provide them with specialist support. One bereaved relative had written to staff to thank them for, '... taking such good care of [name]. We really appreciated the care and affection with which [name] was treated.'
- At the time of our inspection, the provider was in the process of seeking reaccreditation under a national scheme, as a centre of excellence for end of life care. Following our inspection, the provider informed us reaccreditation had been awarded.
- To further enhance service provision in this area, the manager told us that she was in the process of taking action to ensure each person had the opportunity to create an individual advanced care plan, if this was something they and their family wished to do.

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

- Most people told us senior staff were responsive and helpful if they raised any queries or concerns. For example, one person said, "I can raise any issues and if it can be sorted, it will." A relative commented, "They respond when you [raise any queries]."
- Formal complaints were infrequent but those which had been received had been handled correctly in accordance with the provider's policy.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were not effective. The provider maintained a range of audits to monitor the quality of the service, including regular checks of medication, IPC and care plans. However, in the months preceding our inspection these had failed to identify and address some of the concerns we identified in areas including care planning and recording, medicines management, person-centred care and organisational learning. This shortfall in organisational governance posed an increased risk to people's safety and wellbeing.

The provider's failure to consistently assess, monitor and mitigate a range of risks to people's safety and welfare was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the start of our inspection, the manager had been in post for about three weeks. She told us she planned to submit an application to CQC to become the registered manager, once she had completed her induction.
- To her credit, shortly before our inspection, the new manager had identified shortfalls in the quality assurance system and had begun to take action to address them, with the support of her line manager and the senior leadership team in the home.
- Notifications are events which happened in the service which the provider is required to tell us about. In the months preceding our inspection, the provider had failed to notify us of several DoLS authorisations and a serious injury. Senior staff apologised for these lapses and took action to ensure future notifications were submitted as required.

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

- Throughout our inspection, the manager demonstrated an open and reflective approach. She was candid in acknowledging the need for further improvement in a number of areas and responded positively to our feedback. For example, in respect of meal choices for people living with dementia. Describing the manager, one staff member commented, "[Name] is lovely. She comes in early to see the night staff [before they go home]. She's good at communication. I think she's going to be good!"
- Despite their continuing concerns about staffing levels, staff told us they were pleased to work for the provider. One staff member said, "We all work as a team [and] I enjoy coming to work. If I didn't, I wouldn't

be here! Communication is good and there is always someone to speak to if I have a problem." Since acquiring the home, the provider had introduced a range of initiatives to further enhance communication, including 'Talk to Me Tuesdays' which gave front line staff direct access to senior management.

- The provider promoted the welfare and happiness of the staff team in a variety of ways. For example, staff received a gift at Christmas and had access to an online app which offered shopping discounts and other incentives. One staff member told us, "We've [also] had a pay rise. [The new owners] promised they would and they delivered."

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

- The provider conducted an annual survey of people and their relatives and staff to seek their feedback on the service provided. We reviewed the results from the most recent survey in March 2021 and saw that feedback was generally very positive. Reassuringly, where issues had been highlighted, the provider had taken action in response. For example, wi-fi coverage had been improved in response to feedback from people and relatives. And the activities team had been expanded and a new minibus purchased, in response to feedback from staff.

- Despite the impact of the COVID-19 pandemic on visiting arrangements, relatives told us they still felt well-connected to the home. For example, one relative said, "They send newsletters and keep us well informed." To promote service user involvement in the running of the home, one person had recently taken part in the interview of the new manager.

- As detailed elsewhere in this report, staff maintained contact with a range of external professionals including GP's and community nurses. Looking ahead, the manager told us she was hoping to re-establish stronger links with the local community, if COVID-19 restrictions continued to be eased.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  There were shortfalls in the provider's approach to care planning and activities provision.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There were shortfalls in the provider's approach to the management of potential risks to people's safety and welfare.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  There were shortfalls in the provider's approach to quality assurance.