

Mr Donald Smith

# Beech Tree Hall

## 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?

**Inadequate** 

# Summary of findings

## Overall summary

We carried out this inspection on 23 and 26 March 2018. The inspection was unannounced, which meant the people living at Beech Tree Hall and the staff working there didn't know we were visiting.

Beech Tree Hall 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.

Beech Tree hall accommodates up to 17 people in one adapted building that is divided into four flats. The service supports younger people with a learning disability. At the time of our inspection 15 people were using the service.

At the last inspection in November 2015, the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Beech Tree Hall' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen.

The manager at the service was registered at another location owned by the same registered provider. They were in the process of adding this location to their registration. The registration of the manager at this location was completed on 6 April 2018. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. The registered manager told us they would eventually only be registered at this location when a new manager had completed the registration process at the other location. Since our last inspection the service has deteriorated, the registered manager acknowledged that the service was not good and there were improvements to be made. They had commenced an action plan to encompass the required improvements and ensure changes were implemented.

Staff we spoke with understood what it meant to safeguard vulnerable people from abuse, and they were confident management would take any concerns they had seriously and take appropriate action. We identified issues at the time of our inspection which when reported to the registered manager they took appropriate action.

Staff told us there were enough staff to meet people's needs. However, it was not clear if the deployment of staff was appropriate to meet people's needs in particular their social and recreational needs.

Risks had been identified. However, these lacked detail and were not reviewed or evaluated.

Systems were in place for safe management of medicines. Staff received appropriate training and competency assessments. However, some minor issues were identified.

People were not always protected by the prevention and control of infection procedures. We found some areas of the service were not clean.

We found procedures were followed for the recruitment of staff. Staff supervision did not always take place and staff did not always receive an annual appraisal of their work. Staff received training. However we identified this was not always effective.

We found the service did not always meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Not all staff had a satisfactory understanding or knowledge of this. People had been assessed to determine if a DoLS application was required. However, we found people's mental capacity and best interest decisions were not always considered and there was not a consistent approach to ensure all decisions were made in people's best interests.

People were offered a well-balanced diet. However, through our observations we saw people were not always supported to maintain a balanced diet.

People accessed health care services when required.

People and relatives spoken with all said the staff were kind and caring. People also said staff respected them and maintained their dignity. However, from our observations we found this was not always the case.

Care plans did not always identify people's needs and lacked detail for staff to be able to meet their needs.

Relatives and people we spoke with told us they were listened to by the management team and were confident any concerns would be dealt with by them.

There was lack of meaningful activities, stimulation and community access for people who used the service.

There were processes in place to monitor the quality and safety of the service. However, these had not been regularly completed and were not effective. This had been recognised by the registered manager and the provider, who were taking action to address the shortfalls. They were recruiting staff and using a consultant to provide oversight.

During our inspection, we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 always safe.

Staff understood the safeguarding policies and procedures. However, from our observations it was not evident if people were safe.

Risks had not always been identified so were not managed to ensure people's safety.

Infection prevention and control systems were not safe. We found areas of the service were not kept clean.

Recruitment procedures were followed to ensure the right people were employed to work with vulnerable people.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We found people were offered a well-balanced diet however; appropriate support and guidance was not always followed.

People's capacity and best interests were not always considered in line with legislation.

Staff monitored people's healthcare needs, we saw referrals to healthcare professionals had been made where appropriate.

Staff received training to fulfil their roles and responsibilities but this was not always effective.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People told us that the staff were kind, considerate and caring.

We saw that predominantly staff respected people's privacy and dignity. However, we observed times when this people's dignity was not maintained.

We observed that care and support was task orientated at times and not individualised.

### Is the service responsive?

The service was not always responsive.

Care records did not always identify people's needs to ensure care was person centred and individualised.

There was lack of social stimulation and activities to meet people's needs appropriately.

There was a complaints system in place; complaints had been recorded and resolved.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

A new registered manager was in post that was fully aware of the shortfalls in the service and told us they intended to improve things to ensure the service was well led.

The quality monitoring and governance had not been regularly carried out and so were not effective.

Lack of oversight meant lessons were not learnt to improve the service provision.

**Inadequate** ●

# Beech Tree Hall

## 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.

This was a comprehensive inspection. This inspection took place on 23 and 26 March 2018 and was unannounced on the first day. The membership of the inspection team comprised two adult social care inspectors

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection visit we reviewed the service's current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service and safeguarding to ascertain whether they held any information about the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal areas observing the care and support people received. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with the registered manager, a team leader, a senior care worker and four care staff. We also spoke with five people who used the service, four relatives, and one health-care professional.

We reviewed a wide range of records, including people's care records and staff files. We checked the medication administration records. We looked at the premises and the environment by undertaking a tour

of the service. We observed people having lunch, and an evening meal, we observed activities. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the service provided at Beech Tree Hall.

# Is the service safe?

## Our findings

Risks associated with people's care and support had been identified. However, the registered manager and the provider had not taken a proactive approach to the management of risks. Staff were not managing people's challenging behaviour. For example, one person had been assessed as at risk of behaviours that may challenge, the care plan stated to record any incidents to be able to identify any triggers and manage the risk. We saw the monitoring chart had not been completed, it was blank. Staff said they no longer had any episodes of behaviour that was challenging, however the daily records recorded incidents that had occurred on 14 and 16 March 2018 that should have been recorded on the monitoring record. We also saw the risk assessment had not been reviewed since November 2017. Staff said they would normally review them monthly. This meant risk were not always managed to ensure people's safety. Staff were not all aware of people's needs; there were a number of new staff who had not had time to get to know people. The staff who had worked longer at the service did know people well.

We also found other risk assessments did not contain up to date information or contained conflicting information. For example, one person had been identified as being at risk of choking but the risk assessment and care plan didn't give clear instructions to staff on how to manage and reduce the risk. We also saw that there had been an incident where a person had hit themselves with a light bulb and sustained an injury, this had not been risk assessed nor had the hazard been removed, as we observed uncovered light fittings that could have been a hazard to people.

We also identified that people did not receive adequate support with their meal. One person's care plan stated they should have food cut up into one centimetre sized pieces and they should be given assistance to prevent choking. Yet we observed their food was not served cut up and they were not given assistance. This put them at risk of choking.

Staff told us there were not enough staff to ensure people's needs were met safely during the day. There were assessment tools in care plans that showed what staff were required to meet people's needs. The registered manager told us that staffing was determined by funding from the placing authority. They also stated, "However, at times extra staffing is required to ensure people's safety." We observed there was adequate staff on during our inspection. However, due to the layout of the service it was not clear if the staff allocated on night duty were sufficient to ensure people's safety. The registered manager agreed to review this and speak with staff to ensure the staffing levels were suitable to meet people's needs. Relatives we spoke with told us there seemed to be enough staff on duty when they visited, one relative said, "There appears to be enough staff when I pick [relative] up." However, relatives did not comment on night staffing levels.

There were safe systems in place for recruitment of staff. The registered manager was recruiting at the time of our inspection, to ensure adequate staff were employed to meet people's needs.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place



to guide staff and ensure safe medication administration. We saw most of the procedures were followed by staff.

However, we found when 'as required' medicines (PRN) were given to reduce anxieties or behaviours in people, there were no records kept to show what approaches had been tried prior to administration. This meant staff were unaware of the effectiveness of other techniques that could have been considered or used. In addition, one person was prescribed two anti-anxiety medicines but there were no PRN guidelines in place to instruct staff which drug to administer or when. There were also no instructions for staff to follow if the medication was not effective. It was not clear from records if people's PRN medication was being administered safely and as prescribed. Although we found no PRN protocols for the person who was prescribed two anti-anxiety medication, the registered manager has informed us since the inspection that the person was being regularly seen and reviewed by their psychiatrist.

We could see from the records we looked at that some people were frequently being administered 'as required' medication for anxiety or to reduce behaviours that may challenge. However, there was no analysis taking place as to the effectiveness of the medicines and there had not been a review of this medication.

Infection, prevention and control procedures did not protect people from the risk of infection. We found many areas of the home were not kept clean or well-maintained to be able to be effectively cleaned and prevent cross infection. We found damaged kitchen units and work tops, the cooker and extractor were covered in grease and not clean, one microwave was encrusted in food debris and rusty, beds were stained and dirty, bathrooms were not clean and shower trays were dirty and stained. We also noted there was no hand soap or paper towels at many wash hand basins. Some of the items we found the registered manager disposed of immediately and agreed to immediately address the issues.

This is a breach of regulation 12 (1) (2) (a) (b) (g) (h) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

Staff understood their roles and responsibilities and raised concerns and safety issues. However, there were no formal arrangements to ensure lessons were learnt, themes identified or investigations undertaken when things went wrong. The registered manager was aware of this and told us systems would be implemented.

Staff we spoke with were knowledgeable about safeguarding people from abuse. They told us how they would recognise abuse and that they would report any concerns to the registered manager. We identified a safeguarding concern during our inspection; we raised this with the registered manager who took immediate and appropriate action. They also reported it to the local authority safeguarding team and notified CQC. This showed the registered manager responded to concerns to ensure people's safety.

Relatives we spoke with all said they felt that people were safe who lived at Beech Tree Hall. One relative said, "They are definitely safe." Another relative said when asked if people were safe, "Yes, definitely."

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire equipment had been serviced. Fire exits were clear and staff understood what to do to support people in the event of an emergency evacuation. Individual people's emergency evacuation plans (PEEPs) were in place in care plans.

## Is the service effective?

### Our findings

Relatives we spoke with told us the care staff were good and looked after people well. One relative said, "[relative] is happy there he is happy to go back to Beech Tree Hall after a weekend at home. Overall there are no issues." Another relative told us, "I'm happy with the care, it's a nice place the staff are lovely."

However, our observations did not always support this. We saw people were not always given choices or supported to make decisions. Registering the right support guidance states people who live in a registered care home should consistently, meaningfully and continuously be involved in decisions about their care and other needs, and how they will be met

We found people's needs were not always met by the adaptation, design and decoration of the home. This also did not meet the values that underpin the Registering the Right Support and other best practice guidance. The registered provider had not considered the needs of people living in the home. The flats were very bare and clinical in appearance. There were no personal effects and the environment was not homely or individualised for the people who used the service.

We saw that people's care plans did not always reflect their mental, emotional and social needs. They also did not include any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

We observed the lunch on the first day of our inspection and the tea time meal on the second day. On the first day we found that there was very little food available in the service, staff told us Friday was the food shopping day and they would go later. It was not clear from what we observed if people received a balanced diet. People were not given a choice of food, everyone was given the same. This was served in small plastic bowls. One person was presenting with challenging behaviour, which was disrupting other people and the atmosphere was not conducive to an enjoyable meal time experience. We discussed this with the registered manager who told us they should be given choices, but Friday was shopping day so may have had limited choice. They agreed to ensure people were given choices.

On the second day of the inspection we saw there was a plentiful variety and supply of food available. People were given choices and we saw that people had access to fruit and snacks such as yogurts.

We observed people were not actively involved in cooking or preparing their own food. This would ensure people's choices and preferences were met and independence was promoted. We observed staff did not always respect people's food preferences. We heard one person ask to not be served one specific food item, but the meal was served without respecting their preference.

We saw evidence in each of the care files we reviewed that people had access to other healthcare professionals. However, we saw one person had been seen by a psychologist and they had been told the

person had not presented with any behaviours that could challenge. The records were saw did not support this. It was recorded they had presented with behaviours that challenged. Therefore, the information given to the health care professional was not accurate for them to be able to effectively evaluate the person's care and support.

This is a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Person centred care.

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 make 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 so that they can 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.

We found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Most staff we spoke with had an understanding of the need to ensure people were given choices and decisions needed to be made in people best interests if they lacked capacity to make a specific decision. However, staff were not aware of people had an authorised DoLS and so were not aware of any conditions. We found one person's conditions were not always met. The condition was to consider best interests in relation to specific support and care provided; there was only one best interest decision in place regarding the person's medication. No other areas had been considered. We discussed this with the registered manager who agreed to address this after our inspection.

We also identified best interest decisions had not been recorded when they were required for other people. For example, we saw a number of audio monitors being used when people were in their bedrooms so staff could hear what was happening. This could be considered an invasion of people's privacy as there were no records of best interest decisions to show if this was the least restrictive approach for each person to ensure their safety.

This is a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Need for consent.

Staff told us they felt supported by the new registered manager and the staff team. They said they had received some supervision sessions, but these were not regular. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. The registered manager told us supervision was not up to date and that some staff had not had supervision in the last year. They said, "I have concentrated on the senior staff at first." The registered manager was aware of what was required and sent us a supervision schedule following our inspection. Staff had not received an annual appraisal of their work. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time. This meant staff performance had not been reviewed to ensure they were meeting people's needs effectively.

Staff had received training however, the training was not always effective. For example, the staff told us they had received training in how to manage behaviours that may challenge but we observed that people's behaviour was not being managed in line with the training and we observed a person who was physically restrained using an inappropriate technique. The training matrix we were sent following our inspection also identified many of the training courses were out of date and staff required refresher training. The registered manager did assure us at the inspection this was to be addressed.

This is a breach of regulation 18 (1) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Staffing

## Is the service caring?

### Our findings

We spoke to four people's relatives and they all felt that staff were kind and caring. One relative said "I'm very happy with the care, it's a nice place and the staff are lovely and I know [name] is well cared for." Another relative told us they had been involved in planning their family member's care by being invited to annual meetings to discuss the person's achievements. One person told us, "I like living here the staff are alright."

We observed that predominantly staff got on very well with people and knew them well. However, we also observed some negative interactions. We observed that some staff struggled to understand people and manage their behaviour that challenged. People's communication needs were not always met. The service had not considered the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. For example, many people we observed were unable to communicate verbally and we saw no other methods of communication used. There were no picture cards or prompts. This meant people were not always understood or able to communicate in a way which was meaningful to them, which could have led to sensory overload and frustration. The registered manager told us although picture cards were infrequently used, other forms of communication were used. For example, gesture, objects of reference, photographs and written word.

During the two days of our inspection there were very limited activities for people to do. People were not encouraged to actively express their views. We observed people being offered drinks and meals but not being involved in making them and there were many missed opportunities for people to be involved and engaged. Most of the time people were congregated in the communal living room, the television was switched on but no one appeared to be watching it, there was little stimulation for people. From our observations people were not being actively supported. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. The support given to the person is also active. Active Support enables people with learning disabilities to live ordinary lives. We discussed this with the registered manager who said the weather had not helped as the garden was used a lot when the bad weather was good. However, this did not explain the lack of active engagement and community access.

Staff told us they were aware of the importance of ensuring people's dignity was respected at all times. We saw positive examples where staff respected people's dignity, for instance, a member of staff approached a person in the communal lounge, and spoke with them quietly to ask if they required using the toilet. We saw staff gained people's consent to enter their rooms and provide personal care. Staff knocked on people's doors whether or not they were open or closed, rather than just walking in. However, we observed one occasion where staff failed to protect a person's dignity when assisting the person to walk in communal areas. The person's continence pad was visible, but staff did not notice this or adjust the person's clothing.

We also observed that the audio monitors used when people were in their bedrooms were sited in communal areas and turned on. These were on when other people and visitors were in the room. This

meant people could be overheard in their bedrooms. This did not protect the person's privacy and dignity. The registered manager stopped this practice during our inspection. They have also confirmed that staff had been formally instructed to cease this practice. However, on the second day of our visit we saw that the monitors were again turned on, whilst sited in communal areas.

We observed a handover between two staff. The information that was given from one staff to the other was very brief, covering people's behaviours and moods and what was for the evening meal. The handover was done in a communal area and was not respectful of people's privacy.

This is a breach of regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Dignity and respect.

## Is the service responsive?

### Our findings

We found there was lack of appropriate social stimulation during our inspection, and from records we saw people had had very limited access to the community. Staff told us one of the vehicles was out of action and had been for a few months. The other was a large vehicle that only limited staff could drive. They explained this had affected people's access to the community. The activities listed in people's day to day written records were limited to, 'out for a walk' or 'in the garden'. We discussed this with the registered manager who told us they were considering a new vehicle depending on finances. On the first day people were just sitting around and we saw very little conversation with staff or positive interactions.

Relatives were mainly complementary about the activities that people took part in. One relative told us, "They [person] have a structure week, they go horse riding, swimming and out for meals, but unfortunately they don't seem to be going out walking as much." Another relative told us, "He has a good social life. He plays snooker, goes shopping but he could do with walking a bit more to make him aware of being healthy." However, records we saw and what staff told us did not support what relatives said.

On the second day of our inspection, although some staff were observed to be engaging with people in a positive way, we saw again that there were limited activities and many missed opportunities for people to be involved and engaged in activities, such as real and age appropriate activities like being involved in meal preparation, cooking and serving food.

We looked at care plans for people who used the service and found they identified people's needs. However, care plans were not detailed to ensure staff knew how to meet people's needs. For example we found one person's plan identified they could present with behaviour that may challenge. Yet there was no detailed management plan of the behaviour for staff to follow to ensure a safe approach. We also found one person's care plan identified that they had epilepsy, but had not identified the person's needs associated with this in relation to bathing, to ensure their safety. Most staff did know people well however, there were a number of new staff who did not know people so were having to rely on asking long term staff as care plans were not up to date and did not reflect people's needs.

People should have choice and control over their own health and care services; it is they who should make decisions about every aspect of their life. Including any end of life care and support, although people who lived at Beech Tree Hall were young and healthy, there had been no consideration given to end of life care or care and support wishes and choices if a person becomes ill or is diagnosed with a life shortening illness. This meant if in the event of this happening staff would not be aware of what people would want or who they would want to be informed. The registered manager told us they were aware they required completing but they judged this as low priority at the present time.

Although people and their families had been involved in some reviews, we saw plans had not been reviewed since November 2017. The staff told us they should be reviewed monthly but they had not had time due to staff shortages, which meant they had been covering many shift and had not had supernumerary hours to be able to complete paperwork. This meant any changes to people's needs had not been identified or

managed.

This is a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Person centred care.

Relatives told us they were welcomed to the service and could visit at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

There was a complaints procedure displayed in the service. This explained the procedure to follow and what to expect if people needed to raise a concern. Relatives spoken with knew how to complain and told us they would inform staff if they were unhappy with the care provided to their family member.

The registered manager told us they had an 'open door' policy where people living at Beech Tree Hall, their visitors, and members of staff could approach them at any time to discuss any complaints or concerns they had. They told us they had not received any complaints in the last twelve months. The last complaint had been February 2017, which had been resolved.



# Is the service well-led?

## Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

The registered manager had worked for the provider for a number of years, but was new in post at Beech Tree Hall they had commenced in post in September 2017 and registered with CQC in March 2018. The staff and relatives we spoke with were aware there had been a change in management and spoke highly of the new manager. They all felt confident they would ensure the improvements required would be implemented.

During our inspection we identified areas that required attention that had not all been picked up by the quality monitoring systems in the service. We also found staff supervision and appraisal had not been completed in line with the provider's policy and that training was out of date. This had also been identified as an area for improvement at our last inspection and was still not addressed. The new registered manager was aware of this and had commenced a schedule for supervisions and was in the process of arranging updated training. Effective services are underpinned by effective systems, processes and management. Systems are needed to ensure effective use of resources available also planning for individuals through person centred planning reviews and development of staff's skills and knowledge through coaching and training and continuity to improve people's quality of life.

We saw systems in place to monitor the quality and safety of service provision had been implemented which included using a range of audits. We saw audits were used for monitoring areas such as care plans, medication, environment and risks. Although audits were not effective in identifying areas to improve, the registered manager was aware of what was required to improve the service. They told us they had prioritised recruitment when they first commenced in post to ensure adequate staff were employed to meet people's needs. They had recognised and were aware of the other actions required and were open and transparent which assured us the improvements would be actioned and addressed, embedded into practice and sustained.

We recognised that the registered manager had plans to improve the service; however, they were not fully aware of registering the right support guidance and how this should be implemented in the service. We found significant areas of concerns that we asked the provider to immediately address. This included ensuring people's needs were met by staff who had appropriate skills and knowledge, improve the infection, prevention and control systems and improve analysis of incidents.

We identified the provider did not have effective oversight of the location. The registered manager told us the registered provider had not been able to visit the home for a while but had regular contact by phone. The registered provider was not available on the day of our inspection, it was therefore not clear if they were aware of 'driving quality code'. However, they had recently commissioned a quality consultant to provide oversight and governance and they would visit once a quarter. The provider had recognised that the service

required improvements prior to our inspection and was implementing a governance framework to ensure effective monitoring systems would be in place to improve the quality and safety of the service.

The service did not continuously learn and improve. There was lack of oversight and governance and analysis to evidence why things had gone wrong and what could be implemented to drive improvement. The registered manager told us this was changing with their appointment to registered manager and the commissioning of a consultant.

Relatives told us they had confidence in how the service was being managed. One relative said "The manager is very approachable" and "I speak to the manager quite often and feel we have good communication". Another relative said "I know the manager; she is good at what she does and is approachable".

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had failed to ensure people received care that was person centred and met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People did not receive care that respected their dignity and they were not always respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had failed to act in accordance with the act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected as risks to their health and welfare were not effectively reviewed or managed. Management of medicines was not safely managed.  Infection, prevention and control measures were not effective and did not protect people from the risk of acquired infections
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had failed to ensure staff were suitably qualified, skilled and supported to meet people's needs.

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 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure systems of governance were robust and effective.

### **The enforcement action we took:**

We have issued a warning notice.