

Burlington Care (Yorkshire) Limited

# The Sycamores

## Inspection report

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23 January 2020

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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 Sycamores is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

There were insufficient numbers of effectively deployed staff to ensure people's needs were met in a timely manner. Although staff were caring in their approach and support of people, they did not have time to spend with people other than as part of a task related activity.

Staff were recruited safely. Staff had received safeguarding training and understood their responsibility in keeping people safe. The premises and equipment were maintained, the home was clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were respectful and treated people with dignity however, personal information was not always stored securely. People were happy with the quality of their meals. There was a programme of induction and training in place for staff. People were able to access other health care professionals as needed.

The home employed an activities organiser, although in their absence there was limited opportunities for people to engage in social activities. We have made a recommendation about the quality of records relating to the use of hoists and provision of activities. Care plans were person centred and contained sufficient information for staff. There was a system in place to manage complaints.

A range of audits were regularly completed by the registered manager and regional manager. There were systems in place to gain feedback from people, relatives and staff. This included meetings, surveys and staff supervision. The methods used had been ineffective in identifying, escalating or addressing concerns regarding the numbers or deployment of staff. We have made a recommendation regarding effective engagement.

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 and update

The last rating for this service was inadequate (published 1 October 2018). There was also an inspection on 5 February 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Enforcement

We have identified a breach in relation to staffing 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** ●

# The Sycamores

## 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 team consisted of one inspector 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 Sycamores is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. 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.

#### During the inspection

We spoke with nine people who used the service and three visiting relatives about their experience of the

care provided. We spoke with 15 members of staff including the nominated individual, regional manager, registered manager, two deputy managers, a senior care worker and five care workers. We also spoke with two staff from the catering and housekeeping team, the activities organiser and an agency worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the inspection on 14 and 15 August 2018 this key question was rated as inadequate. At this inspection this key question is rated 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.

### Staffing and recruitment

At the inspection on 14 and 15 August 2018 the provider had failed to ensure there were sufficient numbers of competent, skilled and experienced staff deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- People told us there were not enough staff on duty to meet their needs. One person said, "I need help to get up, so they can't get to me, so I have my breakfast in bed. I'm not complaining about that. It was 10.30 this morning before they got to me... I have to wait to go to bed until they're ready." Another person told us, "I've not been changed, I've not been washed or anything since yesterday. They say there's another 19 to look after if I mention it."
- A relative said, "We often visit and [person] is still in bed or they're just seeing to [person], so we wait outside. Yesterday there was only one staff on and the deputy... For me, two staff are not enough for 20 residents, and they're here for 12 hours. Sometimes they never get a break at all. They don't have time to socialise with the residents. They don't spend time talking to them. Once they've dressed [person], you only see them when they bring a meal."
- Seven of the staff we spoke with told us there were insufficient staff on duty to meet people's needs. One of the staff told us, "It is very important that people are cared for properly, it weighs on my mind that I am doing everything properly."
- During the inspection we observed staff were continuously busy with no time to chat with people other than during a task related activity. Some of the staff, and all of the relatives we spoke with, told us staff often did not get regular breaks due to their workload.
- A dependency tool was used to calculate the staffing hours for the home. We noted a person who was nursed in bed and required two staff to support them with the majority of their care and support needs was scored as medium and not high dependency in the providers dependency tool information. This indicated the dependency tool was not providing an accurate reflection of the number of staff and time needed to provide people's support.
- The duty rota was not an accurate reflection of the staffing at the home. The registered manager had been absent from the home during the two to three weeks prior to the inspection, however, this was not reflected on the duty rota.

We found no evidence people had been harmed, however, the systems in place had not been effective in ensuring there were sufficient numbers of competent, skilled and experienced staff deployed. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They told us they had re-assessed the dependency scores of some people living at the home, although this had not resulted in an increase in the number of care staff on duty. The registered manager also told us they had reviewed the deployment of staff at lunchtime to reduce the pressure on care staff.

- The recruitment of staff was safe. We saw suitable pre-employment checks were completed on candidates to reduce the risk of employing unsuitable staff. Minor improvements were needed to ensure an accurate and complete record of candidate's previous employment was obtained. We fed this back to the management team after the inspection.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had a range of risk assessments in their care records. Where a risk was identified, a care plan was in place and steps were taken to reduce risk. For example, where people were at risk of falls, falls mats and sensors were in place. Staff reviewed and updated people's risk assessments at regular intervals.
- We reviewed the care records of four people who required the use of a hoist. Three of the care records did not provide details of the sling to be used or how it was to be applied and fitted.

We recommend the provider seek advice and guidance to ensure sufficient detail is recorded regarding the use of hoists and slings in people's care records.

- Regular checks were made on the premises, environment and equipment to ensure peoples safety. This included regular checks on fire detection and alarm system as well as gas and electrical safety.
- Staff received regular fire training and we saw six fire drills had been held in 2019.

#### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this aspect of regulation 12.

- Medicines were stored securely.
- We observed staff administer some people's medicines. This was done safely and in a kind and caring manner. and administered safely. Although one person told us, "The medicines are always late. It should be

at 8am and now it's 10.45. This happens often."

- Some people were prescribed medicines to be taken 'as required'. We saw protocols, providing staff with guidance as to how and when they could be administered were in place.
- Staff who were responsible for the administration of medicines had received training and regular assessments of their competence were completed.

#### Preventing and controlling infection

- The home was clean and tidy. During the inspection we identified two areas of malodour. Action had already been taken to address this.
- Staff had completed infection control training and we saw personal protective equipment was available and used appropriately by staff. Although at lunchtime we saw staff passing used crockery and cutlery through the serving hatch whilst food was being served.

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

- Although people told us they felt safe, a relative was concerned how long their family member could be left alone due to the lack of staff.
- There were systems in place to safeguard people from the risk of harm or abuse.
- Staff had received safeguarding training and were aware of the action they should take if they had any concerns.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager completed a regular analysis to enable them to identify possible themes and trends allowing opportunity to take action to reduce future risk.
- The senior management team and registered manager clearly recognised the opportunity to learn lessons in the event things went wrong. For example, following a minor medication error a more robust audit system was put in place.

# 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 inspection on 14 and 15 August 2018 this key question was rated as inadequate. At this inspection this key question is rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure new members of staff received training to equip them with the appropriate skills, knowledge and experience to perform their job. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff completed training which included face to face and e-learning. They also shadowed a more experienced member of staff for a minimum of three shifts. This was confirmed when we spoke with staff. We also saw evidence of induction in each of the staff personnel files we reviewed. However, they were not always completed in full or signed off by both the manager and member of staff.
- Staff told us they received regular training updates on a variety of topics. The registered managers training matrix evidenced staffs training compliance was over 90%.
- Some people did not always feel staff had the necessary skills. One person said, "Some of them are trained, some are too young and don't know what they're doing. They say, 'you can do it' but they don't know how I feel." Another person said, "Not all of them are trained enough."
- Records showed staff received regular management supervision. However, many had identical content and were not personal to the individual member of staff. One member of staff told us they had never had a one to one supervision, yet their file contained evidence of nine supervisions, only one of which was individual to them. We raised this with the management team at the time of the inspection to allow them opportunity to review their processes for supporting staff.
- The registered manager told us they were not up to date with staff's annual appraisals.

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

- Feedback about the meals at The Sycamores was positive. Comments included; "Food's not bad honestly. If you don't like it, they'll take it away and get you summat else. They bring tea and coffee on the trolley, so you can have it when they bring it", "The food is okay and there's plenty of it... I get enough to drink" and "I don't like curry and pasta, but they'll give me what I want. I had bacon sandwiches and cornflakes for breakfast, and I enjoy that."
- The majority of the food served was homemade. Peoples individual likes and preferences were catered for including where specific diets or textures of meals were required.

- Inadequate numbers and deployment of staff impacted upon the provision of people's meals and drinks. For example, on the first day of the inspection we saw people sat in the lounge had nearly finished their main course at 12.40pm but they were not served pudding until 1pm. One person who was nursed in bed did not receive support to eat their meal until 1.30pm, a member of staff brought them a drink at 11am. Following the inspection the registered manager told us they had reviewed the deployment of staff at lunchtime and the activities organiser was now providing additional support.
- Care records evidenced people were provided with meals and snacks throughout the day, although the method of recording made it difficult to ascertain the time people were receiving their meals.
- The registered manager had oversight of people's weight, nutrition and hydration. We saw people's weight was monitored and action taken as required.

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

At our last inspection the provider had failed to ensure people's care was appropriate and met their needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The local GP surgery visited the home each week. One person told us, "The doctor is coming today and I'm seeing them. They have a surgery here every Tuesday." Staff told us the weekly surgery was very useful, ensuring timely access to other health care professionals and continuity of care.
- Care records evidenced the involvement of a range of external health care professionals including GP's, district nurses, dieticians and speech and language therapists.
- In the event a person needed to go to hospital a summary of their care needs was printed and taken to hospital with them.
- Information was communicated throughout the staff team through shift handovers, care records and a diary.

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

At our last inspection the provider had failed to ensure people's care was appropriate and met their needs as access to bath and shower facilities were limited. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The Sycamores is a purpose-built care home. There are bedrooms, communal bathrooms and a lounge/dining room to both the ground and first floor. People were able to personalise their bedrooms, and everyone had an en-suite toilet and hand wash sink.
- Bedroom doors were numbered and many of them had a picture which represented something of interest to them. For example, one person had a picture of a cat. In their bedroom we saw they had several ornaments of cats.
- Care records indicated people had regular baths and showers, however, it was not easy to identify from the records if a person had been bathed or showered.

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.

At our last inspection the provider had failed to ensure people's capacity to make decisions was assessed when needed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Mental capacity assessments had been completed where people lacked capacity to make decisions. We also saw evidence of best interest's decision making.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.
- From speaking with staff and observing their practice we were assured staff respected people's individual decisions.

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

- People's needs were assessed prior to them moving into the home. The registered manager told us a full assessment of need was completed prior to people's admission to the home, to ensure the service could meet their needs. This information was then used to develop people's care and support plans.
- We saw evidence people's care records were reviewed and updated at regular intervals.

# 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 inspection on 14 and 15 August 2018 this key question was rated as good. At this inspection this key question is 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; respecting equality and diversity

- People and relatives told us staff were caring, but staff did not have time to spend with them. One person told us, "No, they don't come and chat. They come first thing to see if you need a hand then apart from meals. You hardly ever see them." A relative said, "They don't have time to socialise with the residents. They don't spend time talking to them. Once they've dressed [person], you only see them when they bring a meal."
- People were not always well cared for. At 2pm a member of staff who was supporting a person to eat their lunch apologised to us, saying they were sorry they may appear uncaring as this person was late receiving their lunch. They said they had asked for support with their workload, but none had been provided.
- Staff spoke in a kind manner about the people they supported. One staff member said, "Treat people how you would like to be treated, give the care I would like to receive." Another member of staff told us they supported people how they would want to be cared for.
- We observed staff interactions with people to be kind and respectful, but staff were not able to spend time with people. At tea time one person began to shout, 'help me'. Although the response from staff was caring and attentive, they were not able to respond for over five minutes. On the first day of the inspection we saw a number of people were sat in both lounges. No-one moved from their chairs or were asked if they wanted to move.

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

- People were encouraged to make choices but the outcome was not always what people wanted due to staffing arrangements. People told us they were able to make choices about their daily care needs. One person said, "I go to bed and get up when I want." However, as evidenced throughout this report, this was affected by the lack of staff availability and their workload. One person said, "I have to wait to go to bed until they are ready."
- Staff were able to tell us how they helped people to make choices, for example the clothes they wore and what time they got up and went to bed.
- We received mixed feedback when we asked if people and their families were involved in their care plans. one person told us, "I've no involvement in care planning", another person told us their relative had been involved in their care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and right to privacy. One person said, "They give some privacy. They knock and don't just walk in." Another person told us, "I think they're pretty good at respecting us." We observed

staff knocking on bedroom doors prior to entering. Staff also introduced themselves as they entered people's bedrooms.

- Care records included information about the tasks people were able to perform independently or with some staff support.
- Personal information was not always stored securely. On the first day of the inspection we saw handover records left on a desk in a public area. We also saw information about people's nutrition and hydration needs attached to the wall in the dining room of the first floor. despite us mentioning this to the management team at the end of the first day of inspection, this information was still on display when we returned for the second day of the inspection.

# Is the service responsive?

## Our findings

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

At the inspection on 14 and 15 August 2018 this key question was rated as requires improvement. At this inspection this key question is rated 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

At our last inspection the provider had failed to ensure people's social needs were met. This was a breach of regulation 9 (Person centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Opportunities to engage in activities were limited. We asked people about the activities provided at the home. Comments included; "I know they do things at certain times of the year, they'll do something for Easter", "I like reading, I don't join in things", "I don't do much, I like to read if I've got a nice book" and "[Person] never goes into the lounge, they're all asleep. They have quizzes and games and they'll get entertainment in."

- The service employed an activities organiser for 20 hours per week. They were knowledgeable about people who lived at the home and clearly committed to providing people with meaningful activities. They were not rostered to work during the week of our inspection, although they chose to come in on the second day of our inspection to speak with us. The registered manager told us they had also recruited a second activity organiser to work additional hours at the home. They were due to start once their pre-employment checks had been completed.
- On the first day of the inspection there was no activity other than watching the television, for anyone in the home. The registered manager told us, in the absence of the activity organiser, staff were expected to provide activities for people. No extra staffing hours had been provided to enable staff to do this.
- Activity records for people provided little evidence of meaningful engagement. We reviewed the activity records for five people for the period 31 December 2019 to 22 January 2020. For example, the care plan for one person noted they enjoyed a manicure, television and music. Their activity record recorded, 'Hair brush', 'tv', 'stayed in room' and 'chat'.

We recommend the provider seek advice and guidance regarding meaningful engagement and to ensure sufficient detail is recorded in people's care records.

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

- Care records were electronic. Each person's record included an overview of their needs and key points staff needed to be aware of to keep them safe and reduce the risk of harm.
- Individual care plans contained more detail and were person centred, providing staff with the level of detail required to provide appropriate, individualised care and support for each person.
- Staff carried a hand-held device which enabled them to access and read people's care plans as well as record their care and support in a timely manner.

#### 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.

- Information about people's communication needs was recorded in their care records.
- Some information was provided in both word and picture format. For example, we saw pictures of the day's meal in the dining room and the activity planner included a picture of the planned activity.

#### End of life care and support

- At the last inspection we saw limited evidence of end of life care planning. At this inspection we saw care records included people's end of life wishes, where they were known.
- Where people had a Do Not Resuscitate (DNR) instruction in place, this was clearly recorded on the electronic system.
- Staff had completed training in end of life care.

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

- People and their relatives told us they would speak with the registered manager if they wished to raise a complaint.
- The registered manager told us they currently had one complaint which was being investigated by their regional manager. The registered manager kept a log of complaints, detailing the date, nature of the complaint and the outcome.
- While we were at the home the nominated individual showed us, a letter dated December 2019. The letter complimented the staff team on the support and care provided to the person and their relative.

# 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 inspection on 14 and 15 August 2018 this key question was rated as inadequate. At this inspection this key question is 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

At our last inspection the provider had failed to operate effectively systems and processes to monitor and improve the service or assess, monitor and mitigate risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was supported by a regional manager who visited the home at regular intervals. A range of audits were completed by the registered manager on a regular basis. Identified shortfalls were addressed. Quality audits were also completed by the regional manager.
- It was clear from the audits the registered manager and staff had made sustained improvements in a number of areas. For example, equipment was in working order, medicines were being managed safely and the home was meeting the requirement of the mental capacity act.
- The audits had failed to identify the concerns from people, relatives or staff regarding staffing. There was no evidence to suggest staff had raised any formal concerns with the management team regarding staffing, however, the management team had not identified this matter as part of their governance and observations when they were at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care staff worked well as a team. All the staff we spoke with were complimentary about how they supported each other and worked as a team. A number of the staff referred to each other as being like a family. One of the staff told us the registered manager was effective in 'getting things done' but not all the staff felt supported and listened to by the registered manager.
- The registered managers office was in the reception area, they were clearly visible and accessible to people, relatives and staff.
- The activities organiser held regular meetings with people who lived at the home. Topics discussed included activities, events, trips and entertainment.

- Meetings with relatives were less frequent. A meeting had been held in July 2018, the next one was not held until November 2019. The three relatives we spoke with did not feel the registered manager listened to them. One relative said, "There is never enough staff. It's brought up at every meeting... We did have a meeting when they [registered provider] first took over. We were told there'd be another one in six months but that didn't happen... We had one recently and the main theme was the lack of staff." Another relative told us, "You get nowhere at meetings."
- There was a system in place to ensure people and relatives were all given the opportunity to provide formal feedback through the providers surveys. The surveys we reviewed were positive however, the survey did not ask for feedback regarding staffing numbers or deployment.
- There were opportunities for staff to speak with the registered manager through meetings and supervisions. Staff meeting minutes, dated 3 January 2019, a member of staff had said, "The work upstairs is very demanding, hard to cope with and we don't seem to be able to meet their needs. I thought we were going to get another member of staff to help us." The minutes noted the registered managers response as, "I'm sorry but we have to manage on six for now."
- There was no evidence to suggest concerns raised with the registered manager had been escalated to the senior management team. There was no evidence to suggest the senior management team had identified any issues with staff numbers and deployment during the time they spent at the home.

We recommend the provider seek advice and guidance regarding effective engagement with people, relatives and staff to improve the quality of the service.

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

- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

Working in partnership with others

- The registered manager and staff team also worked in partnership with other healthcare professionals.
- The activities organiser and registered manager were developing links with the local churches, a children's nursery and a collage.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of staff were not effectively deployed to meet the needs of people living at the home.