

Akari Care Limited

Moorfield House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Moorfield House is a residential care home providing personal and nursing care to up to 35 people. The service provides support to people aged 18 and over, some of whom were living with a dementia. At the time of our inspection there were 31 people using the service.

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

People were not receiving person-centred care that promoted their choice, needs or independence. People were placed at serious risk of harm because care was not delivered safely. Risks people faced were not fully identified, assessed or reviewed. Staff were not always following people's care plans or risk assessments.

Agency staff did not receive full inductions or have their competencies assessed. There were no records available to demonstrate that the provider was following safe recruitment practices for agency staff. We did not have assurances that staff could safely deliver care to people who had specific dietary needs, required continence monitoring or oxygen therapy.

Staffing levels were not always adequate, and the deployment of staff did not always ensure people were supported safely or had their needs met in a timely way. Staff were observed to be kind and caring with people, but due to staffing levels, they could not fully meet their needs. People did not always receive care from staff who knew them well or were aware of their needs. Staff told us agency staff working with people did not always support them fully.

People were not always treated with dignity and respect or had their independence promoted. During the inspection we observed people having to wait for extended periods of time to receive support.

Medicines were not managed safely. People received their medicines from staff who were not deemed competent in line with the provider's policy. We could not be fully assured that people who required continence monitoring, were at risk of choking or receiving oxygen therapy where having their needs met and action taken if there was a problem. Medicines were not always given as prescribed and during the inspection we were unable to find assurances that everyone had received their medicines safely.

Care plans were not person-centred and were not always present. Reviews of people's care needs had been completed but these were sometimes inaccurate and did not reflect on guidance or assessments made by other health care professionals or updates by other staff members. Records relating to the care that people had received were not always present or were incorrect.

People were supported to maintain a balanced diet and were provided with choices for meals. Staff did not always follow each person's dietary requirement which placed them at serious risk of choking. People had their weights monitored but we found that these were not always regular enough to mitigate the risk of malnutrition.

The quality and assurance systems in place were not effective, audits were not fully detailed, and records were not always present. The provider failed to ensure the quality and safety of the service was monitored effectively. Records at the service, including people's care records, were not always present, accurate or reviewed.

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.

Feedback from people and relatives was positive about the staff working at the home. Relatives told us that the staff always tried to do their best but were under a lot of pressure to support everyone. Staff feedback detailed that they did not feel supported, did not have clear leadership nor could they rely on agency staff to support people correctly.

There was an effective infection and prevention policy in place that staff were following. Staff followed government guidance and wore appropriate PPE. Visitors to the home carried out lateral flow tests before visiting and the staff encouraged visits from relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 November 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

The inspection was also prompted in part due to concerns received about medicines management, staffing and person-centred care. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Due to the shortfalls found during the inspection process the provider was requested to produce an action plan detailing what action and by when that they would address the issues identified. We found that not all areas of this action plan which were marked as completed were completed, and people were still at risk of potential harm.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, person-centred care, medicines management, staffing, competency of staff delivering care, risk monitoring and management, and the governance of the service.

On 13 April 2022, following our first site visit we requested an action plan from the provider to address the shortfalls found during the inspection. We found that not all of the completed actions had been completed when we returned on 27 April 2022 to conclude our inspection. The provider had continued to place people at serious risk of potential harm.

On 28 April 2022, we imposed urgent conditions on the provider's registration to ensure that staff were qualified and competent staff to support people who were at risk of choking, required continence monitoring and oxygen therapy. We also requested that people with an identified risk of choking, receiving continence monitoring and oxygen therapy had their care needs assessed and reviewed. We also restricted any new admissions to the home.

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

Follow up

We have already requested an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Moorfield House

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 Health and Social Care Act 2008.

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

The inspection was carried out by three inspectors, a pharmacist specialist 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

Moorfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moorfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had recently been appointed and was in the process of completing their induction with the provider before making their application to be the registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 April 2022 and ended on 23 May 2022. We visited the home on 12 April 2022 and 27 April 2022.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about specific incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We sought feedback from the local authority contracts monitoring team, Clinical Commissioning Group (CCG) and safeguarding adults' teams and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 14 people's care records, the medicine records for 31 people and the recruitment records for three members of staff. We also reviewed the induction information for 10 agency staff members who had recently been employed at the home. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We carried out observations in the communal areas of the home. We spoke to 13 relatives, one person's advocate and 20 members of staff. This included the manager, regional manager, care staff, registered nurses, the chef, members of the provider's quality team and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- People were at risk of potential harm as risks were not fully assessed, reviewed or mitigated. Lessons learned from incidents were shared with staff, but we found these were not put fully into practice on the second site visit.
- People who were assessed as being at risk of choking and had special diets in place to mitigate that risk, continued to be placed at risk. For example, one person had been assessed by the Speech and Language Team (SALT) and a special diet of soft foods was required to reduce their choking risk. We found that staff were not following the assessment on both dates of inspection and the person was being given a normal diet which could have resulted in them being seriously harmed or dying, due to a soft diet not being provided.
- People who required continence monitoring did not have fully completed bowel records in place and no system was in place to ensure these records were monitored. This placed them of serious risk of harm as associated risks had not been fully mitigated.
- People who required oxygen were placed at risk as staff were unable to identify when there was an issue with the person's breathing. For example, one person was admitted to hospital because staff did not take appropriate action when they required oxygen therapy support which resulted in harm to the person.

People were at serious risk of harm, as risks associated with choking, continence management and oxygen therapy had not been fully assessed, mitigated or monitored. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The provider has created an action plan detailing how they will address the shortfalls identified and are currently working to complete this.
- The premises were safe for people living at the home and there was regular testing of equipment. Environmental risk assessments were in place and were appropriate.
- People and their relatives said that they felt the home was a safe environment. One relative commented, "[Person] has pressure mats and a pressure mattress, as they are a high-risk faller. The staff call in to their room quite often."

Using medicines safely

- Medicines were not managed safely. We could not be assured that people were receiving their morning medicines in a timely manner and with enough time between morning and lunchtime doses. Records did not always provide assurances that time critical medicines were given at prescribed times.
- People who required continence support were not monitored in line with their individual support needs. Where people had prescribed 'as required' medicines in place to support with continence monitored these

were not always issued in a timely way. Clinical staff did not escalate if a person was constipated for over three days to their GP or other healthcare professional. We could not be assured that continence monitoring was appropriate to keep people safe.

- 'As required' medicine protocols were not always in place. We found during both dates of inspection that protocols were missing. This placed people at risk of not receiving their 'as required' medicines safely as staff did not have steps to follow for safe administration.
- Medicine audits were not fully completed and did not identify the issues found during both site visits.

Systems for managing medicines were not safe or in line with national guidelines. This placed people at serious risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment.

Staffing and recruitment

- There was not enough qualified or competent staff available to safely support people. Agency staff were not safely recruited. Staff told us that there were staffing issues and they were often short staffed at the home. A staff member said, "The dependency doesn't match what people are like. Every resident needs so much help. Staffing levels don't work the same. People need 1:1 care and we can't do that. They (the management team) need to realise people need more support and the staffing levels need to be looked at."
- Staffing levels were not always appropriate to meeting people's needs. We observed people having to wait for extended periods of time to receive support from staff on both dates of inspection. Staffing calculations showed that there should have been eight members of staff on duty during the day shift. Records showed that due to flexible working arrangements and staff absence, that there was not always the correct amount of staff available.

The provider did not ensure there were adequate levels of staff available to safely support people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

- We found agency staff were not always recruited safely. For example, we found that recruitment records for agency staff were missing or not fully completed.

The provider did not ensure that agency staff were recruited safely and did not follow the induction process in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Fit and proper persons employed.

- Permanent staff received an in-depth induction from the provider and had all pre-employment checks in place. This included previous working references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse as staff were not always following the provider's policies or systems. For example, staff told us that agency staff did not always support people when required and some agency staff slept during night shift and did not respond to people's requests for support, which placed people at risk.
- Safeguarding incidents were logged, fully investigated and notified to the CQC by the management team.
- Staff told us they had received training around identifying abuse and what steps to take. One staff member said, "Our company has provided us an online training about safeguarding. As well as verbal

training from our previous manager."

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.
- Relatives and professionals were able to visit the home. Staff requested negative lateral flow tests from professional visitors.
- People were supported to visit out of the care home. During our inspection we observed relatives visiting people in their bedrooms and communal areas.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People's needs were assessed but care delivered did not reflect the assessments in place. Care plans were not always present or lacked detail around the choices and needs of the individual person. For example, one person who was independently mobile did not have a care plan in place relating to maintaining a safe environment and care plans lacked personalisation.
- Best practice guidance was not always followed. Medicine administration records did not always follow NICE guidelines.
- People did not always get their support needs met. For example, we observed during both dates of inspection people having to wait for extended periods of time to be supported by staff.
- Guidance provided by other healthcare professionals was present in people's care records but this was not always incorporated into care plans or followed by staff.

People did not have appropriate care plans in place to allow staff to effectively support them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- People had very detailed and person-centred sleep care plans in place. Sleep care plans provided staff with step by step instructions and included personal details relevant to aid each person to get a restful sleep.

Staff support: induction, training, skills and experience

- People were not supported by staff who were deemed competent by the provider and agency staff did not receive an induction which reflected the provider's recruitment processes.
- Staff administering medicines did not have their competencies assessed to demonstrate that they could safely administer medicines. One relative commented, "I have made a complaint about the staff as they were not trained properly to help with [Person]'s laryngectomy."
- Agency staff employed at the home did not always complete a full induction. We found during both site visits that inductions had not been fully completed by the management team.
- Staff told us they did not feel supported by the management team. One staff member commented, "I don't even know who the manager is at the moment."

The provider did not ensure that staff were deemed competent to deliver care to people and agency staff did not complete the induction process in place. This was a breach of Regulation 19 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014 – Fit and proper persons employed.

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

- People were not always supported to eat and drink to maintain a balanced diet. People had to wait extended periods of time to have their meals or for a drink.
- People's assessed special diets were not being followed by staff. People with an identified risk of malnutrition did not have their weights recorded regularly. Records relating to nutrition and hydration were missing or not fully completed.

People did not always have their assessed dietary needs followed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- People were provided with choices for their meals and were complementary about the food provided.

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

- People did not always have access to other healthcare services in a timely way. For example, one person required an urgent appointment with their dentist as a GP had noticed an abscess in their mouth. Staff did not make an appointment for them for over a week and the GP had to prompt staff to make this appointment again.
- People's care records showed that they had attended appointments with other healthcare professionals, but we found staff did not support people with these visits. For example, one person attended an appointment at hospital, but the consultant was unable to review the person as they were unable to communicate, no update was provided by staff and no staff attended with them.
- Relatives told us appointments were made but people could not access these. One relative commented, "The staff do not book ambulances for hospital appointments and I have been waiting at the hospital and [Person] has not turned up and missed their appointment. This has happened a couple of times. I am not happy with this."

People were not supported to have access to other healthcare professionals or in a timely way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

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

- The home was appropriately adapted and decorated to meet people's needs. There was a homely environment.
- People had personalised bedrooms with their own individual belongings.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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 were not well supported by staff and were not always respected by agency staff. People did not have their needs met in a timely way. One staff member said, "We do try our very best to give them the care that they deserve. With lacking levels of staff, I feel that some of their needs are being neglected because we cannot attend to one of them straight away when they need us."
- Staff were very caring towards people whilst delivering support but due to staffing issues the support was not always provided when it was needed. One staff member told us, "I want to stay because I'm attached to the residents but it's so hard and poor with the staffing, you can't give people the level of care they deserve."
- Relatives were complementary about staff and their approach to people. A relative said, "He gets on well with the permanent staff. [Person] knows them well they have a laugh and a joke. [Person] is friends with them (the staff)."
- Relatives were concerned about people having to wait long periods of time to have the support they needed. One relative commented, "I would prefer the staff to have a quicker response when [Person] needs the toilet."

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

- People were supported make decisions around their care. Relatives confirmed that people were asked what they wanted and how they would like to be supported.
- Care records in place showed that people provided preferences for who delivered their care but staff were not always following this. For example, one person requested support from a female member of staff, but a male staff member was providing support. The person was very distressed at this and the inspection team had to request a female staff member to provide support.
- Staff were observed asking people for their choices during the inspection. Staff asked people what they would like to eat or drink and supported people to sitting in the lounge area or access the garden.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. People were encouraged to be independent but due to issues with staffing levels, this was not always fully promoted.
- Relatives told us that staff were respectful of people's privacy and maintained their dignity. One relative said, "I have been there when they are offering personal care and am asked to leave the room, so she is in private with the attending staff."
- Staff told us steps they took to ensure privacy and dignity were maintained. A staff member said, "I do give them the privacy and space."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- People had holistic assessments in place and care plans were created from these. Care plans were not always personalised and did not detail people's needs and preferences.
- Relatives and people told us they were involved in reviews of care needs and records showed involvement from people, relatives and advocates.
- People's care needs were not always met. Staff were unhappy that they could not provide the care people required due to staffing issues. One staff member said, "People need 1:1 care and we can't do that."

People did not have appropriate care plans in place which were person-centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and care plans were created from these.
- Not all care plans provided the full information for staff to follow to effectively communicate with people. For example, one person's care plan, who had difficulties with verbal communication, detailed that staff knew them well and knew what they were saying. The care plan did not include what or how the person communicated so that staff who didn't know the person, could communicate with them.
- The provider could provide information in easy read format, large print and different languages if required.

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 were supported to maintain relationships and encouraged to participate in activities that were meaningful to them. We observed one activity during the inspection which was a quiz and people were enjoying answering the questions. People were not engaged a lot of the time during the day due to the issues with staffing.
- Relatives told us people were involved in activities, but these were not always available. One relative told us, "There is 1-1 care occasionally, they (people) mostly watch TV and sometimes do a quiz. There is not a lot going on."

- Staff told us they were unable to spend 1:1 time with people. A staff member commented, "It would be great to have enough time to talk to our service users when we are giving them support but, because there has been a lack of staff members in the home, we cannot provide the right care and closure to them because we are always on the rush."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was accessible to people, relatives and professionals. Records of complaints showed that any formal complaints were logged, responded to and lessons learned to improve the quality of care provided.
- Relatives told us when they had raised concerns to the previous management team, they had not always received a response.

End of life care and support

- Staff had received training in delivering end of life support and had provided this previously. At the time of the inspection no one was receiving end of life support.
- A relative discussed with us about their recent experience when their relative had passed away. They told us that staff were very supportive and caring and went the extra mile to support the person.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The management team and staff did not always demonstrate they understood their responsibility to provide safe care and treatment to people. The provider did not ensure the service was meeting all of the regulations. During the inspection we found serious concerns relating to risk management, staff knowledge and competency, medicines management, staffing levels and management oversight. Actions detailed within the provider's action plan, which was in response to CQC enforcement, were not completed as stated.
- There was a quality and assurance process in place, which was not effective. We found shortfalls highlighted during the inspection process had not been identified by the provider during audits and checks. For example, the medicine audits for February and March 2022 were not fully completed and where issues were identified there was no action put in place to resolve or mitigate any potential risk.
- Records were not always present or accurate. People's care records were not fully completed or contained all of the relevant information for staff to support them.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. The management team and the provider failed to ensure the regulations were being met. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance

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

- There was a negative staff culture at the home which did not support good outcomes for people. Staff were working additional shifts to make sure people were safe. A staff member commented, "I'm working over 60 hours a week not for the extra money but to make sure I'm here for them (people). Agency staff don't know what they're doing, and we can't trust them to look after the residents."
- Relatives told us they felt the staff team were under pressure to complete tasks and were worried that staff would leave the home. One relative said, "They have lost a manager and only just got a new one this week. Staff morale is very low. I worry that the permanent staff will leave as they are run ragged. The permanent regular staff are fantastic, but the agency staff are not so good. Some do not know what they are doing."

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

- The provider and management team acknowledge when things went wrong, and apologies were given.

- Records showed investigations were completed when incidents occurred and outcomes shared with people, relatives and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People, staff and relatives were asked for their feedback about the service and the results from these were analysed. Staff told us they could provide feedback at any time but this was not always listened to.
- We found where areas of improvement were identified, the provider had taken action, but this was not embedded and used to continuously improve the service.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. Records showed involvement from other healthcare professionals within care plans and assessments.
- The management team were engaging with external stakeholders to address the areas identified during the inspection process.

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
Treatment of disease, disorder or injury	<p>People were not receiving person-centred care and care plans in place did not reflect the choices or needs of people.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Medicines were not safely managed. Medicines were not given as prescribed, medicine records were missing or incomplete and assurances could not be provided that medicines had been administered.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not have effective systems in place to monitor and improve the quality and safety of the service. The provider failed to ensure the regulations were being met.</p> <p>Regulation 17(1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care

Treatment of disease, disorder or injury

proper persons employed

Agency staff were not safely recruited by the provider. Staff were not deemed competent to administer medicines to people.

Regulation 19(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There was not suitable levels of suitably qualified, competent and skilled staff to safely support people.
	Regulation 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks associated with choking, continence monitoring and oxygen therapy were not safely managed. Regulation 12

The enforcement action we took:

We have imposed an urgent condition on the provider's registration to ensure that all people with an identified risk of choking, oxygen therapy and continence monitoring have their assessments and care plans reviewed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Staff were not fully trained or had their competency assessed in the delivery of oxygen therapy, continence monitoring and supporting people with special diets. Regulation 19

The enforcement action we took:

We have imposed an urgent condition on the provider's registration. The provider must be assured that all staff are trained and have their competencies assessed in the delivery of oxygen therapy, continence monitoring and supporting people with special diets.