

Park Homes (UK) Limited

# St Stephens Care Home

## Inspection report

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Date of inspection visit:  
11 October 2022  
13 October 2022  
14 October 2022

Date of publication:  
06 December 2022

## 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

St Stephens Care Home is a care home providing personal and nursing care for up to 40 people across two units, one specialising in providing care to people living with dementia. At the time of the inspection there were 22 people living at the service.

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

Following our previous inspection, a new registered manager and deputy manager were in place. They had focused on the recruitment of staff, however the provider continued to need to recruit staff. The service remained reliant on the use of agency staff and although this had reduced since the last inspection, staffing issues impacted on the cleanliness of the building and the activities provided to people. Staff were recruited safely, and systems were now in place to ensure agency staff had been trained.

We identified ongoing issues in relation to person-centred care. Whilst managers were promoting a more person-centred approach, we found some practices could be improved. Care plans and assessments were being rewritten onto a new electronic system, however these needed to be more person-centred. People told us activities were limited.

The safety of the premises had improved, maintenance checks around the building were now carried out. Improvements were also found in relation to the management of nutritional risks. However, we identified other aspects of risk which had not been effectively identified or managed.

Some redecoration and refurbishment had commenced, but progress had been slow. We have made a recommendation about this.

Aspects of medicines management and infection prevention and control had improved, but there remained issues which required further improvement. Systems had been implemented to help safeguard people from abuse and people told us they felt safe.

The provider had better oversight of staff training and supervisions, which were now in progress. Overall staff told us systems and communication had improved.

Since the last inspection some improvements had been made regarding the oversight and management of people's health needs. However, daily records were not always complete to demonstrate people's needs had been met. A new chef had been recruited, people were satisfied with the food provided and menus were under review.

People spoken with were generally positive about the staff and support they received. Regular staff understood people's preferences and were keen to promote good care. Improvements had been made to respecting people's dignity and privacy and this needed to be embedded.

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. Records relating to deprivation of liberty (DoLS) authorisations had improved.

The provider and registered managers were undertaking audits, however these needed to be more robust as they had not identified all the issues we found at this inspection. We received some concerns during the inspection which we raised as a safeguarding issue for further investigation. The provider had not ensured sufficient oversight of the service at night. They took action to address this following the inspection.

The provider had a large action plan in place and the registered manager acknowledged there were further improvements to be made and had plans for the development of the service. The provider told us they continued to invest in the service and were bringing in extra support to progress the action plan. Further work was needed to ensure people and their relatives were able to provide feedback and be involved in decisions about the development of the service.

The provider had worked in partnership with health and care agencies.

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 23 May 2022).

At this inspection we found improvements had been made in some areas, however, the provider remained in breach of some regulations.

This service has been in Special Measures since 20 May 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

The provider was in the process of addressing the outstanding breaches and had plans in place to mitigate our concerns. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider still needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Stephens Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, safe management of risk, staffing and good governance at this inspection.

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

Follow up

We will request an action plan and meet with the provider following this report being published 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.

## 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** ●

# St Stephens Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 team consisted of 2 inspectors, a specialist nurse advisor 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

St Stephens Care Home 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. St Stephen's 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who lived at St Stephen's and 4 people's relatives, to gather their experiences of the care provided. We spoke with 14 members of staff, including the registered manager, the director of operations, nurses, care and ancillary staff. We observed the care and support provided to people to help us understand the experience of people who lived at the home.

We reviewed a range of records. This included 8 people's care records, multiple medication records and 3 staff recruitment files. We viewed a variety of records relating to the management of the service including policies and procedures. We also spoke with a health professional who visited the service on a regular basis.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely and Preventing and controlling infection

At our last inspection we found systems were not sufficiently effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service; systems were either not in place or robust enough to demonstrate the safe management of medicines and the provider had not taken reasonable steps to protect people from the risk of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments were in the process of being reviewed and transferred onto a new electronic system. However, in two cases we found records were inconsistent and/or not sufficiently robust.
- Staff were issued with handheld devices to access the electronic system containing information about people's care needs and risks. However, some agency staff were not using the handheld devices, which meant they may not have up to date information. Managers acted to address this.
- Systems in place to help mitigate the risk of people developing pressure ulcers were not always effective. Despite staff checking people's mattress settings, they had not identified where they were set incorrectly.
- Various pieces of equipment were stored in unoccupied bedrooms, communal spaces and corridors, posing potential hazards to people. During the inspection action was taken to reduce some risks.
- At the previous inspection we found powder used to thicken drinks was not always stored safely as required. We found the same issues at this inspection.
- Prescribed creams including emollient creams were often stored in people's bedrooms, however there were no risk assessments undertaken to assess whether this posed any risks to people.
- Pain assessments had either not been completed or reviewed effectively for each person.
- We observed occasions when staff were wearing face masks under their nose or chin in communal areas, which was not in line with guidance.

These issues were a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The safety of the premises had improved. The provider had taken action to meet the requirement of a fire safety notice. Areas which needed to be kept secure were locked.



- Improvements were seen in relation to the support people received from staff in relation to nutritional risks.
- Protocols were in place to guide staff with "as required" medicines and creams, however these would benefit from being more specific.
- On the first day of the inspection areas of the building needed cleaning. There remained gaps in cleaning records and cleaning had been impacted by staff absences and shortages. A pre-arranged deep clean took place during the inspection.
- Other procedures were followed to prevent and control the spread of infection and an up to date policy was in place.

#### Visiting in care homes.

- There were no visiting restrictions in place. We observed visitors talking with people in the home during the inspection.

#### Staffing and recruitment

At the previous inspection we found there were insufficient suitably experienced and competent staff deployed to ensure the safety and wellbeing of the people who lived at the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider had focused on the recruitment of staff since the last inspection, however they continued to need to recruit staff. They had considered strategies to attract staff and there had been some recent recruitment, however vacancies remained which especially impacted on cleaning and activities within the home.
- The use of agency staff had reduced; however, the service was still reliant on agency staff to ensure there were sufficient staff to support people's needs. The various staff changes impacted on the provider's ability to implement and embed the required improvements at the service. Staff told us the use of agency staff remained a concern.
- The provider had implemented a dependency tool to assess the amount of staffing hours required to support people safely, they told us staffing levels were above those assessed as required by the tool. However feedback was inconsistent.
- We observed enough staff to meet people's needs in a timely manner, but we received mixed feedback from people and staff. They told us "It depends, sometimes they (staff) say can you just hang on, but not often usually they are very good" and "There's not enough staff. They don't like you using the buzzer, staff are always running around".

Systems and processes had not been established and embedded to ensure staff were suitably deployed. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were now in place to confirm agency staff members' identity, training and Disclosure and Barring Service (DBS) status.
- Staff were recruited safely to the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems and processes to prevent abuse had not been effectively followed. This was a breach of Regulation 13 (safeguarding service users from abuse) 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 13.

- Since our last inspection, the registered manager has implemented systems to identify, report and investigate safeguarding concerns. These systems needed to be fully embedded, as we saw one person with a bruise and skin tear which had not been reported through these procedures, the registered manager told us this had been an oversight.
- People's feedback indicated they felt safe living at the service. Comments included, "Its comfortable. Most of the people are great. I feel safe with everyone" and "It's alright here. Oh yes, I feel safe, there's security codes on all the doors".
- Staff training was underway, with most of the staff having now completed safeguarding eLearning.
- The provider had commissioned a new service, which provided a helpline to enable staff to raise any whistleblowing concerns.

Learning lessons when things go wrong

- The registered manager had implemented a system to review and analyse any accidents or incidents to learn from these.

# 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 inadequate. At this inspection the rating has changed to 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 the previous inspection systems were not robust enough to demonstrate staff had received appropriate training and supervision to support people safely. 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 his inspection and the provider was no longer in breach of this part of regulation 18 in relation to staff training and supervision.

- The registered provider had implemented systems to record and monitor staff training. Staff were in the process of completing eLearning and were being encouraged to complete all the required training where it remained outstanding.
- People's views varied about the how well staff were trained, they told us, "Some do the job well. Others not so well. I think the staff all know what they are doing. Some are more competent than others, but they are all competent" and "Some have been here a long time. Some are learners. I've not seen anything go wrong".
- Inductions for new staff and agency staff were now being carried out. However, the sequence and timescales for completing these needed to be clearer.
- The registered manager had introduced supervision sessions for staff. These were in progress along with staff appraisals.
- Overall staff told us systems had improved and they were able to speak with the management team if support was required. Staff handovers and meetings were now being held on a regular basis.

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

- The provider had made some improvements to the environment, including new flooring and a lounge area was being refurbished into a cinema room.
- However, other areas of the building remained in need of redecoration and refurbishment. The shower area in one of the units was not used as it was inaccessible to some people.
- The environment was not dementia friendly and the registered manager had various ideas and plans about changes they would like to make. Whilst some improvements had been made the provider did not have a detailed schedule for making all the required improvements.

We recommend the registered provider sets out a programme of improvements and shares the progression

with people and staff, by way of an action plan.

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

At our previous inspection, systems were not sufficiently effective to assess, monitor and mitigate risks in relation to their nutritional and hydration needs. This was a further 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 this part of the breach of regulation 12, regarding nutritional and hydration risks.

- Improvements had been made since the last inspection to the support people received with eating and drinking. Observations were positive in relation to staff supporting people to sit up or to access the dining room for meals. However, these needed to be fully embedded.
- Overall people were satisfied with the food available. People told us "Food is edible. I was a good cook, so it doesn't compare. There's a variety. You get a choice" and "Food is nice. I eat what I like. I like tasty food. It's nicely cooked and presented".
- A new chef had recently started at the service. Information about people's nutritional needs was up to date and available for staff.
- A more effective system to monitor people's weight had been introduced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Since the last inspection some improvements had been made regarding the oversight of people's health needs. However, daily records were not always complete to demonstrate people's needs had been met.
- Assessments and care plans were in the process of being reviewed and rewritten onto the new electronic system. There remained some gaps in care plans for some health needs.
- Records showed that people were supported to access a range of health care professionals.
- The staff worked with various professionals to support people's health and care needs, including regular visits from the local GP practice.

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.

- Since the last inspection, systems had been implemented to monitor applications for Deprivation of

Liberty Safeguards (DoLS) authorisations and renewals.

- Appropriate applications had now been made for DoLS authorisations where required.
- Where conditions relating to an authorisation were in place for a person, we found some staff were unaware of these. The director explained how staff were providing appropriate support, but records were not as robust as required.
- Training was in progress for staff in relation the MCA. Staff spoken with understood the need to obtain consent from people or when they needed to act in someone's best interests.

# 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 requires improvement. At this inspection the rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- Overall, we received positive feedback about the way people were treated. Comments in relation to the staff included, "They are lovely. They are always really careful with my shoulder" and "Staff do their best for you. They work together as a team. They are considerate. All of them are considerate".
- During the inspection we observed some positive and kind interactions between people and staff. Staff were generally responsive and attentive to people.
- Staff described how they respected people's diverse needs, and staff were undertaking training in relation to equality and diversity.
- Since the last inspection care plans were in the process of being reviewed. The registered manager told us their aim was to involve people and their relatives as part of these reviews. However, some relatives told us they had not yet been involved in reviews and felt communication could be improved. Others said they were involved in decisions.
- Surveys had not been undertaken to enable people to express their views, although the registered manager told us these were planned.

Respecting and promoting people's privacy, dignity and independence

- Some improvements had been made since our last inspection to ensure staff respected people's privacy and dignity. For example, staff considered if people preferred to have their bedroom doors closed or left open when they were in bed. However, some feedback indicated staff approach varied, and improvements needed to be fully embedded.
- People spoken with told us, "They put a big towel over me to cover me when they wash me" and "They shut the door and cover me up, so my dignity is maintained."
- Records were being transferred over to an electronic system and paper records were kept more securely. Daily records were no longer placed outside people's bedroom doors, where they had previously been accessible to visitors.

Although some improvements had been made, we have rated this domain as requires improvement as the provider needs to demonstrate that the improvements can be sustained.

# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our previous inspection, we found the provider had not ensured people who used the service received person-centred care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of this regulation.

- The management team told us they were working towards a person-centred approach and were supporting the staff to achieve this. However, we found further improvements were required. For example, one person was uncomfortable with the way staff supported them with hair washing, and whilst staff were aiming to respect the person preferences, they had not sufficiently considered alternative ways to support the person's individual needs. Another person liked to drink from a mug, but some staff continued to fetch drinks in a beaker with a lid.
- Some feedback indicated people's individual choices and preferences were respected however other feedback suggested there was a routine in place around the times people went to bed or were supported with personal care. People told us, "Staff know me well. There's a set time for going to bed. No choice. It's lights out at 9pm. They wake me at 7am" and "I go to bed at 9.15pm every day because I want to. I ring the bell and they know I want to go to bed."
- People were generally not supported to follow interests or take part in individual or group activities. Comments included, "I just sit in this chair all day and watch TV" and "I spend my days in bed or in my chair doing nothing."
- Managers had struggled to recruit an activity coordinator and were looking at further ways to achieve this. If staff were available, we were told they would be asked to support activities, however there was no clear plan for this whilst recruitment was ongoing.
- There was a lack of activities for those who remained in their bedrooms during the day. Activities are important to promote people's social interaction, movement and wellbeing and prevent social isolation.

These issues were a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred Care). The provider had not ensured care was always designed to meet service users' needs.

### 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.

- The provider had a policy in relation to providing information in an accessible format.
- People's communication needs were considered as part of their care plans. However, we found where people were unable to verbally communicate their needs in relation to pain, assessments and tools had not always been used effectively to support this.

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

- The provider had a complaints procedure; however this was not on display. The registered manager rectified this during the inspection.
- There was a process to record any complaints and how they had been dealt with and addressed.

### End of life care and support

- People were supported to discuss their end of life wishes and care plans were in place.
- Staff had undertaken training in relation to providing effective palliative care and further training was in progress, with the oversight of local health professionals.



# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had had not always operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found a continued breach of this regulation, as the provider had not made enough improvement at their service to meet the regulations, and further improvements were still required.

- The provider had introduced and carried out audits; however, these had not identified all the issues we identified during the inspection.
- Whilst there had been some learning and improvement, not all breaches from the previous inspection had been met.
- A concern was raised with us during the inspection in relation to the conduct of some night staff, we referred this to the local authority under safeguarding for further investigation. The provider could not assure us that management visits had taken place to monitor and support night staff.
- Records relating to the care provided were not always complete or contemporaneous. For example, in relation to positional turns or safety checks.

These issues were a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Since the previous inspection a registered manager and deputy manager had been recruited. The manager was aware of the requirement to notify CQC of certain incidents and notifications had been submitted.
- The provider had a large action plan in place in relation to the improvements and new electronic recording and monitoring systems were being implemented. Progress to transfer all the relevant information needed to accelerate. The director told us a member of the provider's quality team and a consultant would be supporting the service moving forward.
- Staff now had access to electronic systems including policies and procedures.

- The provider had better oversight of staff induction, training and supervision. Some monitoring systems had been implemented, but these need embedding.

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

- People spoken with were generally positive about the support they received. Regular staff understood people's preferences and were keen to promote good care. However, we found areas for improvement as reported in the responsive section of this report.
- The management team told us they were focused on achieving good outcomes for people. They had been observing and guiding staff but acknowledged further improvements were required. Further work was required to ensure people always received effective support.
- Although views varied, overall staff told us there had been some improvement to the management of the service. They said managers were accessible if they needed to raise any concerns.
- Communication and information sharing within the staff team had improved. Regular staff told us they worked well as a team.

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

- Feedback from people and relatives had not yet been routinely obtained about the management of the service. The management team had plans to reintroduce resident and relatives' meetings and undertake quality surveys, however this was still in progress.
- Relatives told us the provider had introduced a webinar to provide updates. However, feedback indicated these could be more focused on actions and updates specifically in relation to St Stephens, rather than information about the provider.
- The management team were working with the local authority, various other agencies and health professionals to ensure people received appropriate care and support.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured care was always designed to meet service users' needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not sufficiently effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had had not always operated effective systems and processes to make sure they assessed and monitored the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  There were insufficient suitably experienced and competent staff deployed to ensure the safety and wellbeing of the people who lived at the home.