

Caldwell Care Limited

The Firs

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Firs is a care home, without nursing, accommodating up to 22 people. At the time of our inspection there were 20 people using the service. The accommodation is arranged over two floors with a passenger lift, and stairs, available to access the upper floor. Some rooms are ensuite. There is an accessible, mature garden surrounding the home and a patio area with seating areas. Some of the people using the service were living with dementia.

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

Whilst the manager had carried out appropriate recruitment checks, including checks with the Disclosure and Barring Service (DBS) we found that in one case they had not risk assessed the information they had received. Whilst we did not find evidence that people had been harmed, we identified that some risks to people's health and wellbeing had not been adequately assessed and planned for. We identified concerns regarding the effectiveness of the governance arrangements and with the completeness of records relating to people's care and support.

Sufficient improvement had been made to the safety of medicines, however, there remained areas where further improvements could be made. The home looked visibly clean and there were no malodours, however, we found some areas where the measures in place for preventing and controlling infection, and more specifically COVID-19, needed to be implemented more effectively. The provider and manager are reviewing the numbers of staff deployed to ensure that people's needs are met in a timely and safe manner. More needed to be done to ensure that each person had sufficient opportunities to be part of regular and meaningful activities.

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. However, further work was required to ensure that the systems in the service supported this in practice and to ensure these measures were taking place within the context of legal frameworks governing consent.

We continued to receive mixed feedback about the effectiveness of the leadership of the service. Some staff expressed a cautious confidence in the new manager and in their ability to drive improvements, whilst others continued to raise concerns about morale and teamwork. We are confident that the manager is taking action to address these concerns.

People felt safe living at The Firs. Recent safeguarding concerns had been appropriately reported and outcomes showed that action had been taken to reduce further risks to people. People were positive about the care they received, and felt their individual needs were mostly being met. Relatives told us the service had a clear person centred focus, they all said they would recommend the home to others. The service worked in partnership with other organisations to help improve the health and well-being of people.

We have made two recommendations in the report. We have recommended that the provider review their legionella risk assessment to ensure this complies with relevant best practice guidance. We have also recommended that the provider explore how information can be made available in alternative formats to help ensure that this is more accessible to people living with communication and cognitive needs.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (Published February 2021).

Why we inspected

This inspection was in part prompted by concerns we had received in relation to people's care and support and the culture within the service. In addition, at our last inspection of this service, breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance in the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs on our website at www.cqc.org.uk.

Enforcement

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

We have identified breaches in relation to safe care and treatment, staffing and good governance.

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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, the local Clinical Commissioning Group (CCG) and the local authority (LA) 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Firs

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 was carried out by one inspector, an Expert by Experience and a pharmacist from our medicines team. 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 Firs 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 did not have a manager registered with the Care Quality Commission. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager was appointed in August 2021 and has applied to the Commission to be registered.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from three health and social care professionals that had regular contact with the service. The provider had not been asked to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, five members of staff, the deputy manager and manager. We carried out observations in communal areas to see how staff interacted with people and checked the premises to ensure they were clean, hygienic and a safe place for people to live. We reviewed a range of records including six people's medicines administration records and four staff files in order to check that they had been recruited safely.

After the inspection

We spoke with 12 relatives to gain feedback about the service and with one further healthcare professional. We received feedback from a further six staff. We continued to review a range of records which included four people's care records and a variety of records relating to the management of the service including policies and procedures. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

● Whilst the manager had carried out appropriate recruitment checks, including checks with the Disclosure and Barring Service (DBS) we found that in one case they had not risk assessed the information they had received. This meant people were not fully protected from being cared for by staff who were unsuitable for the role.

This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there were sufficient staff deployed to meet their needs. Their comments included, "They come fairly quickly, you might wait five minutes", "I pressed the buzzer the other day and they came straight away" and "Oh yes they come very quickly".
- Overall, relatives felt that the staffing levels were suitable. Comments included, "Staffing is generally very good. Once or twice they have seemed a bit busy", "There is always someone to ask" and "In the main room there is always someone there, even if folding laundry...keeping an eye".
- Planned staffing levels were four care staff in the morning, three in the afternoon / evening and two staff at night.
- The manager and deputy manager were also supernumerary to the planned staffing levels during the week, and both took a role in the provision of care when necessary.
- Whilst the manager was not routinely using a systematic approach to determining the number of staff on duty, there was some evidence that staffing levels had been reviewed and adapted in response to people's changing needs and staff feedback. For example, a fourth member of staff had recently been re-introduced for some early shifts due to an increase in people's needs.
- Agency staff were not currently used and gaps in the rota were covered by existing staff. This helped to ensure that people received care from staff that knew them well.
- Feedback from staff was less positive. They told us there were times when there were not enough staff on duty. This tended to now be focussed on the afternoon and evening shifts and we were told that this could lead to delays in medicines rounds being commenced or there being a staff member to oversee mealtimes, along with the chef, and the provision of activities. Concerns were also raised about the ongoing lack of a senior carer worker on a small number of night shifts which meant that there could be a delay in PRN medicines being administered.
- We discussed the feedback with the manager and registered provider. The manager had recently requested approval for a fourth member of staff for later shifts the provider assured us this was being carefully reviewed. They also advised that an activities coordinator had been appointed to work full time

across the providers two services, although we have asked that this be fully risk assessed to ensure that the arrangement meets Covid-19 guidance.

Assessing risk, safety monitoring and management

- Whilst we did not find evidence that people had been harmed, we identified that some risks to people's health and wellbeing had not been adequately assessed and planned for.
- Two people experienced seizures, but they did not have a seizure care plan that provided key information for care staff about the nature of the person's seizures, anything that might make the seizures more likely or about how staff should respond and when to seek emergency help.
- One person, who had previously fallen from their bed, had a care plan which stated that when in bed, their bed should be on the lowest setting to help prevent injury in the event of a fall. When we visited this lady, their bed was set to the normal height.
- Records did not always provide assurances that people, unable to drink independently, were being offered regular fluids to avoid the risk of dehydration.
- We found examples, where care plans either lacked detail or contained conflicting information about people's nutritional needs and other risks. For example, one person's nutrition plan did not include information about their modified diet. It stated the person ate and drank well when in fact they had been losing weight. Their falls care plan did not highlight that the person had experienced previous falls from their bed. Another person's skin was at high risk of breaking down, but their skin care plan did not include all of the information required to support staff in managing this need.
- One person identified to the inspector as being a person who could display distressed or agitated behaviours, had no care plan regarding this.
- Tools used to help predict risks to people's nutrition, or of falling, had not always been completed accurately. This is important as it helps to ensure that the right remedial measures can be put in place.
- The link between increased risk of harm to people prescribed blood thinning medicines in the event of a fall, causing a head injury, had not been identified and planned for.
- We found one example where a person's records did not include information about the rationale for staff deviating from health care professional advice. This meant we could not be confident that treatment pathways were being followed or of the level of management oversight of more complex decisions relating to people's care.

Some of the risks to people's health and wellbeing had not been adequately assessed and planned for. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst overall, there were a number of suitable control measures in place to help prevent and control the growth of legionella, we were not assured that the legionella risk assessment had been completed to the standard recommended by the Health and Safety Executive or undertaken by a person with the relevant training. People living in care homes can be more vulnerable to harm arising from contracting illness caused by the legionella bacteria.

We recommend that the provider review their legionella risk assessment to ensure this complies with relevant best practice guidance.

- The provider employed a maintenance person who undertook a range of regular health and safety checks of the premises, and of equipment within it, as required in order to ensure that the premises were safe and suitable for the purpose for which they are being used.
- We did note that the last fire safety drill had been in November 2020. The manager assured us that one

would be completed by the end of November 2021.

- Personal emergency evacuation plans (PEEPs) were in place.
- Equipment such as alarm mats were used to alert staff when people at risk of falls were mobilising and might need support. Following recent advice from an external healthcare professional, we saw that a risk assessment for the use of bed rails was in place.
- One person required repositioning to avoid the risk of their skin breaking down. The recent repositioning records identified that this was happening as planned.
- The prevalence of infections was monitored.
- Following a fall, staff completed post falls checks to ensure that the person was not deteriorating, although we did note that the use of RESTORE2 was yet to be rolled out within the service despite the fact that training for this was delivered in September 2021. RESTORE2 is a physical deterioration and escalation tool for care homes. It is designed to support homes to recognise when a resident may be deteriorating or at risk of physical deterioration and then complete a set of physical observations to inform escalation and conversations with health professionals.

Using medicines safely

At our last inspection, we found that medicines were not always administered or stored safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvement had been made and the service was no longer in breach of this part of Regulation 12. However, there remained areas where further improvements could be made.

- One person required medicines on an as, and when required, or PRN basis. The protocol guiding staff on when and how to use these medicines was not sufficiently detailed and did not identify when additional professional advice should be sought. We spoke with two staff who administered medicines, neither knew how to administer the person's medicines. This meant there was a risk of the medicines not being administered consistently, reducing the effectiveness of the medicines.
- For another person, there was no rationale for the use of PRN co-codamol to help manage their breakthrough pain.
- People's allergy information was recorded in their care plans but was not consistently recorded on their medicine's administration records. This meant that allergy information was not readily accessible at the point of administration or to visiting health professionals.
- Records relating to medicines returned to the pharmacy for destruction whilst completed correctly, were not being retained appropriately.
- We also found a number of positive areas.
- Medicines, including thickening agents were now being stored securely, and at the required temperature. No one was receiving time sensitive medicines and so we were not able to assess compliance with the administration of these during this inspection.
- The service used electronic medicines administration records and staff monitored these daily using a missed dose report and through a weekly trolley check.
- Staff effectively described the legal framework for the use of covert medicines.
- There was low use of sedating medicines which meant people were protected from the adverse effects of these medicines.
- The medicines audit tools were being reviewed to ensure these were sufficiently probing and relevant for the service.

Preventing and controlling infection

- The home looked visibly clean and there were no malodours and the housekeeping and kitchen team were committed to maintaining high standards of cleanliness and hygiene in the premises.
 - It was positive that there had not been any cases of Covid-19 within the home since the start of the pandemic.
 - However, we found some areas where the measures in place for preventing and controlling infection, and more specifically COVID-19, needed to be implemented more effectively.
 - Whilst it was clear that people's rooms were cleaned on a daily basis, there were no records or cleaning schedules in place to evidence this.
 - We were advised that Covid-19 'high use' touch points such as light switches, handrails, keyboards, handsets and door handles were cleaned once during the day and once at night, however, no records were being maintained to evidence this.
 - We observed that two people's visitors were not following relevant guidance on the use of PPE when visiting people in their rooms. We brought this to the attention of the manager.
 - Overall, we observed that staff were correctly using PPE, although when asked one person said this was not always the case and told us staff were wearing the masks today because "You are here".
 - We observed one instance where staff were not wearing the correct level of PPE for the task being completed. We discussed this with the manager who advised that they would reinforce correct protocols with staff.
 - Upon arrival at the home, the inspection team were not asked to show documentation to demonstrate their COVID-19 vaccination status which is now required for all relevant visitors to the service. The manager had taken action to ensure that all staff employed by the service were meeting this requirement.
 - People living in care homes may not present with the typical COVID-19 symptoms and so current guidance states that it is important to assess them twice daily for the development of a high temperature. This was not taking place. Whilst the temperature of the inspection team was taken upon arrival, they were not asked a full set of screening questions for Covid-19. The manager has ensured that this is now in place.
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- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
 - We were somewhat assured that the provider was meeting shielding and social distancing rules.
 - We were somewhat assured that the provider was admitting people safely to the service.
 - We were somewhat assured that the provider was using personal protective equipment effectively and safely.
 - We were somewhat assured that the provider was accessing testing for people using the service and staff.
 - We were somewhat 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.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were systems in place to record and report safety related incidents or near misses and these had mostly, although not always been followed by staff.
- Either the manager or deputy manager reviewed incidents or accidents, but it was not always clear what actions had been taken in response in order to reduce the risk of further harm and this was an area which needed to be more consistently and robustly completed.

- Some staff also raised concerns that learning from incidents and accidents was not always shared in an open and transparent manner to support ongoing learning. We saw that the manager had already identified that this was an area which needed to be improved and they were considering how this might be more effectively addressed moving forward.
- The manager was aware of the need to develop more sophisticated ways of reviewing the number of falls and other concerns such as weight loss on a monthly basis to help identify whether there were any themes or trends which might require further action.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with felt safe living at The Firs. Relatives also felt the same and none had any concerns about people's safety or risk of being abused.
- Our review of recent safeguarding concerns showed that these had been appropriately reported to the local authority and to the Care Quality Commission. Outcomes showed that action had been taken to reduce further risks to people.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

Our last inspection found that the governance systems in place were not robust enough to identify shortfalls in the safety of medicines management. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst the governance of medicines had improved, we found more widespread concerns regarding the effectiveness of the governance arrangements and with the completeness of records relating to people's care and support. This was a continuing breach of regulation 17.

- Since we last inspected the service, there had been a change in manager. The current manager had been in post three months. There was evidence that they understood the importance of quality assurance systems and a number of audits were being completed. These included audits of care plans, medicines, infection control, incidents and accidents and food quality. The manager also monitored falls and weight loss monthly and had begun to develop improvements plans for the environment and for other aspects of the care and support being provided.
- However, these governance arrangements were not yet being fully effective at identifying all of the areas where we found that the safety and quality of the service was compromised, this was because many of the audits or checks were too basic or not sufficiently probing or personalised to the service.
- Whilst the provider checked that the manager was completing planned audits in a time manner, they did not monitor that the actions required in response to the audits were being completed. They did not perform any formal quality monitoring checks or audits which limited their ability to have adequate oversight of the service.
- As identified in the 'Is the service safe?' section of the report, we found examples where the records relating to people's care and support contained key omissions, were not always accurate and sometimes contained conflicting information. This included, medicines records, care plans and risk assessments and records relating to recruitment.
- Mental capacity assessments had also not been completed for specific, more complex decisions or prior to applications for a deprivation of liberty safeguards authorisation (DoLs) being applied for. This is important as the mental capacity assessment determines whether the person can or cannot consent to the arrangements for their care and treatment while in the home.

The failure to ensure that accurate records were maintained and that the quality assurance systems were in place were sufficiently robust to drive improvement put people at risk of receiving care and treatment that was unsafe. This was a continuing breach of Regulation 17(Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was currently being supported by a specialist care homes team. This is a multidisciplinary team of local healthcare professionals whose aim is to support the home in the formulation of more robust care plans and also to provide training to meet any identified learning needs. The team had already provided the manager with an action plan and were assisting them to work through this. As a result of the care home teams visit, staff were in the process of updating care plans and risk assessments, where necessary, to ensure these were sufficiently detailed and up to date. Further training on care planning was being delivered in December 2021 and the care home team had already provided additional training on the mental capacity Act 2005 to help ensure that staff understood how to appropriately record people's consent and, where necessary, undertake more robust mental capacity assessments.
- People and their relatives felt that the service was well led and told us the manager was approachable and that they would feel comfortable sharing any concerns with her.
- Some people commented that they would like to see the manager having more of a presence within the home and have more opportunities to have one to one chats with her. Some relatives commented that they had not yet met the current manager, but those that had, spoke positively of her leadership with comments including, "[Manager] is very approachable, she did all she could to make the process of admission painless", "Very easy to talk to" and "Very impressed with new manager, leads by example".
- The presence and availability of the manager was also commented on by a healthcare professional who regularly visited the service. They told us they had not yet met the manager and their visits were instead overseen by the care staff. Occasionally overseeing visits of this nature is important and enables managers to develop relationships and helps to ensure they retain oversight of people's changing needs.

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

- Prior to this inspection, CQC had received a number of whistleblowing concerns raising concerns about institutionalised care practices, poor culture and medicines management. Whistle-blowers are people who raise their concerns about the care provided by their employer in a certain way and may receive protection in any employment dispute.
- Investigations into the issues raised had substantiated some of the concerns and the manager had taken action to ensure that relevant staff understood where their practice was falling short.
- One of the concerns that had been raised with CQC prior to the inspection was that people were not given a choice about when they got up. All of the people we spoke with told us, they were given choices and that staff accepted their decision to decline care or support. This was also confirmed by the staff we spoke with.
- Overall, people were positive about the care they received, and felt their individual needs were mostly being met. One person said, "I am looked after very well, I wouldn't want to be anywhere else...they [Staff] are all very lovely, really charming...the night staff are wonderful, I don't get up till 7.30am and have a nice breakfast...I love the chef".
- Relatives told us the service had a clear person centred focus and praised the staff for their positive approach to people's needs. Those asked, all said they would recommend the home to others with one saying that they would be happy to move in themselves.
- One relative said, "They [staff] ask him what he wants to do... he regards it as his home and the workers he regards as his friends" and another told us, "They listen to the needs of residents and they don't say, this is the way we do things". A third relative said, "Is she is anxious, they are particularly kind...they encourage her

when she is diffident...everyone recognises her needs and personality".

- Relatives all felt involved in their family members care and felt that their views were valued and listened to. For example, one relative said, "They are brilliant at listening and giving feedback". They added, "One day, [Staff member] rang to tell us [Person] had had a good day, it struck a chord with us". Another relative said, "[Person] is very independent...staff talk quietly to her, explain the positives of any changes to benefit her, to agree a way forward".
- Alongside the praise for the care team, there was a lot of positive feedback about the housekeeping and kitchen team. One relative said, [Staff member] goes the extra mile and [Staff member] is lovely, the singing chef, mum loves him, he's kind and nice, all the carers are nice" and another said, "It's a brilliant place from the management to the cleaners".
- Relatives felt that the provider, and past and current managers, had navigated the challenges of the pandemic well. Relatives spoke of having opportunities to be involved in live video discussions and of being kept constantly up to date.
- Whilst some relatives felt that some of the internal décor and furnishings were a little tired or worn, work was underway to replace carpets and to repaint and most spoke of the home as being a cosy and comfortable environment, for example, one relative said, "It's not institutionalised, [Person] loves her room, it's a nice bright cheery place" and another said, "You are not a little fish in a big pond".
- There was a planned rota of activities in place, but this often took place only if, and when, staff had to time to devote to this. The activities included quizzes and sing songs, games and exercises.
- Relatives commented positively on how staff engaged with their family member and had in some cases for example, helped them to become interested again in past hobbies such as knitting.
- However, we found that more needed to be done to ensure that each person had sufficient opportunities to be part of regular and meaningful activities, particularly those cared for in their rooms.
- We found that the activity records viewed gave limited assurances that people had access to sufficient social stimulation and there were no dedicated activities staff to lead the activities and staff told us they did not always have time to oversee these.
- Whilst some people told us they were happy spending time in their rooms, watching the TV or reading, others confirmed that they lacked opportunities to engage in activities. Comments included, "They don't do enough in terms of entertainment... I like to be active I could do with some excitement", "Yes stuff goes on in the afternoon sometimes, nothing exciting" and "I sit most of the day doing nothing, I have got lazy".
- An activities coordinator had just been appointed to work full time across the providers two services, although this is currently being reviewed to ensure that the arrangement meets Covid-19 guidance.
- There was evidence that people had been encouraged to be involved in the running of the service. Resident meetings took place and satisfaction surveys had been last undertaken in July 2021. The feedback from these was largely positive, but there had been no action plan developed by the leadership team to address the areas where people had felt some improvements could be made.
- Two people raised a concern that information was not always provided to them in a format that was accessible. For example, one person pointed to the noticeboard where the activities plan for the week was on display in an A4 format. They told us they could not see this.

We recommend that the provider explore alternative formats to help ensure that this information is more accessible to people living with communication and cognitive needs.

- Staff played a key role in people's care and were motivated to provide people with the best care possible. One care worker told us, "I like finding out about their lives and enjoy listening to their stories and chatting to them" and another said, "The best part of my job is giving the quality of care to the residents that they deserve and providing a safe, happy environment".
- There was evidence that staff had worked hard to ensure that throughout the pandemic, people

maintained relationships with those that were important to them. All of the relatives were positive about how the home had implemented safe visiting and they all confirmed that they were able to visit when they wished or be supported to have telephone or video calls with their family member. They all reported good communication with the home.

- Some staff expressed a cautious confidence in the new manager and in their ability to drive improvements after a very challenging period. One staff member said, "Right now I have no negatives, [Manager] has shown me I can go to her any time, they have shown me support... I feel valued".
- Other staff also spoke of an improving culture within the home and told us that morale and teamwork was improving. One staff member said, "Teamwork is improving, it's a lot better, there is not really an atmosphere, it's quite nice now, there have been learning curves all round, things have changed, things are nipped in the bud". Another staff member said, "Morale, yes, it is better because the manager has no favourites, everyone is treated the same". A third staff member said, "I am very happy with the new manager, [Managers name] knows her stuff, I think we are getting there in terms of culture and teamwork, we had become a closed culture, we all did our best, but it could have been better".
- However, some staff continued to express a lack of confidence in the manager to respond to their concerns, to manage staffing issues in a non-partisan manner and address areas for improvement.
- Some staff continued to speak of a lack of cohesiveness and of different factions within the care team. This tension within the staff team had also been identified by visiting healthcare professionals.
- We discussed this with the manager. They were aware that there was more to be done to gain the trust of staff and to develop a unified team. They were confident that the staff team knew people well and all understood the importance of person-centred care and cared for people with patience and kindness. They felt good progress was being made and expressed a commitment to continue to work with all the staff team to overcome the challenges within the service. She told us, "They [Staff] have to learn to trust me, I am here for them... I need them on board, I am open to criticism not all my suggestions are going to right I want us to work together".

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 manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care.

Working in partnership with others

- The service worked in partnership with other organisations to help improve the health and well-being of people. For example, staff worked with community nurses, independent mental capacity advocates and the local care home team. One healthcare professional told us, the care staff they had liaised with "Both seemed very knowledgeable of their residents and their health care needs". They felt that care staff communicated well and escalated concerns about people's health in a prompt manner.
- The manager had accepted the offer of support from the local infection, prevention and control team and from NHS colleagues with whom they were working to support improvement and learning.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and wellbeing had not been adequately assessed and planned for. This is a breach of Regulation 12 (1) (2) (a) (b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the effectiveness of the governance arrangements in place or that records relating to people's care and support were accurate and complete. This was a continuing breach of Regulation 17 (2) (a) (b) (c) (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate robust recruitment procedures which meant that people were not fully protected from being cared for by staff who were unsuitable for the role.</p> <p>This is a breach of regulation 19 (1) (a) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities)</p>

Regulations 2014.