

Achieve Together Limited

Magnolia Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Magnolia Cottage is a residential care home providing personal care and support to up to four people with a learning disability and or autistic people. At the time of our inspection there were four people using the service. The service consisted of single storey bungalow accommodation, with shared communal spaces and bathing facilities. One bedroom had an ensuite bathroom.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support: The standards of care provided gave people some choice and control over their own care and lifestyles. There was variability in the consistency of staff working at the service, as a number of agency staff were used. This impacted on their knowledge and understanding of people's assessed needs and risks to enable people to be active members of the local community. People did not live in a clean and comfortable care environment, and the service needed a deep clean and areas of refurbishment. We identified some areas of improvement needed for people's medicines management and ensuring people had access to regular medication reviews. Our findings are reflected in the breaches of regulation detailed in the body of the report.

Right care: Care records were not of a good quality, had not been regularly reviewed, and did not demonstrate people and their relative's involvement in their development. This resulted in people's individual wishes and preferences not being consistently reflected. However, since the new manager had come into post, people's care records were under review. People's dignity, privacy and human rights were not fully being upheld. The service was fully locked; therefore, people were unable to leave if they wished to. People were supported to have some choice and control of their lives, although improvements were identified to ensure each person's mental capacity, and potential need for a Deprivation of Liberty Safeguards had been fully considered and an onward referral made where required. Staff did their best to support people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were gaps in staff training and competency checks, however this was being addressed, to ensure staff had the necessary skills, knowledge and expertise to safely meet people's needs.

Right culture: There had been a lack of consistent leadership of the service, with a gap of approximately five months since there had been a manager in post. In the absence of a registered manager, the provider had not ensured staff had been supported to maintain and uphold standards of care, and condition of the care environment. Records showed staff had not had supervision in approximately a year, to ensure their

performance and development needs were kept under regular review, there was also no record of staff meetings being held. Since the new manager had come into post, meetings and supervision sessions dates were now booked. Our findings are reflected in the breaches of regulation detailed in the body of the report.

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

This was the first inspection of this service under a new registered provider. The service had previously been inspected on 30 May 2019, the report was published on 06 July 2019, with an overall rating of Good.

Why we inspected

The inspection was prompted in part due to concerns received about the provider level oversight of this service, and in response to some incidents that had happened. 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.

Follow up

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 ●

Magnolia Cottage

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

Day one consisted of one inspector, and one specialist medicine inspector. Day two consisted of one inspector.

Service and service type

Magnolia Cottage 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. Magnolia Cottage is a care home without 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. There was a new manager who had been in post for approximately four weeks and was in the process of submitting an application to register. They will be referred to as the manager within the report.

Notice of inspection

Both days of this inspection were unannounced.

What we did before the 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 sourced feedback from the local authority and used information we held about the service on our system, this information was all considered as part of the inspection planning process.

During the inspection

We spoke with five members of care staff including agency staff, the manager and regional manager. We spoke with one person who lived at the service, and observed care provided in communal areas.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five relatives by telephone, about their experiences of the care provided. We liaised with the local authority quality assurance and safeguarding teams. We wrote to the nominated individual, to seek additional assurances about the actions they were going to take in response to our inspection findings, and feedback to make improvements at the service. (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.

This is the first inspection of this service under a new registered provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We identified examples of safeguarding incidents that had not been reported to the local authority or to CQC. We could not be assured staff understood what types of incidents and accidents needed to be reported to maintain people's safety.
- In the absence of a registered manager, the provider had not been monitoring where incidents had happened at the service, to ensure the required onward referrals and safeguarding processes had been followed to protect people from the risk of harm.
- We identified gaps in safeguarding training. Completion of this would further aid staff's understanding of their own accountability within the safeguarding process.

The provider was unable to demonstrate action taken to maintain people's safety and protection from harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Care records had not been regularly reviewed or updated in the absence of a registered manager. Changes were now being made to the content and quality of records to make them more personalised, and representative of current risks and support needs.
- Environmental risks, including access to risk items, poor cleanliness, and areas of risk within the garden such as gaps in fencing, and access to bricks and slabs were found. In the absence of a registered manager, the provider had not taken action to maintain the condition of the care environment to maintain people's comfort and safety.
- People were not consistently being monitored. One person's care records said staff should complete welfare checks every 30 minutes when the person was in bed due to known healthcare risks. Records reflected checks were only being completed hourly, and exact times were not always recorded.
- Agency staff were unable to demonstrate a clear understanding of people's individual needs and risks. They were observed to rely heavily on permanent staff guidance and oversight. This placed people at risk, as people required support to express their needs and preferences.

The provider was unable to demonstrate consistent management of risks relating to the health and welfare of people, and the safety of the care environment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured the provider was making sure infection outbreaks can be effectively prevented or managed. Improvements to cleanliness, along with the need for staff to be bare below elbow when completing care tasks was identified.
- We were not assured the provider was using Personal Protective Equipment (PPE) effectively and safely. We repeatedly identified staff not wearing face masks correctly, including when completing personal care tasks with people.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The service required a deep clean and areas of refurbishment.
- We were somewhat assured the provider was preventing visitors from catching and spreading infections. Day one no checks of inspector's COVID-19 testing status was completed, on day two required checks were completed. However, staff continued not to work in line with the provider's own IPC policy, as health declaration forms were not completed at either inspection.
- We were somewhat assured the provider was meeting shielding and social distancing rules. People relied on staff to support them to maintain social distancing and following shielding guidance. Due to areas of concern with staff practice, and the overall layout and hygiene of the service, further improvements were required.
- We were somewhat assured the provider was accessing testing for people using the service and staff. We identified gaps in the recording system in place for staff to complete to demonstrate completion of regular testing in line with current government guidance.

The provider was unable to demonstrate consistent practice in place to prevent the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was admitting people safely to the service. However, the service was full at the time of inspection, with no new admissions.
- We were assured the provider's infection prevention and control policy was up to date. However, we identified areas of concern in relation to its implementation into staff practice.

Visiting in care homes

- Relatives visited the service regularly. People had the option to meet with their relatives in communal areas of the service, as well as outside in the garden, but most spent time with their relatives off site.

Using medicines safely

- There had been no recent checks of medicines to ensure any errors or incidents were identified, collated and addressed in a timely way. We identified improvements were needed to make medicines management person-centred.
- There was a lack of risk management in place where people used paraffin-based creams, in relation to fire safety. One person's lockable medicine cabinet was small, this resulted in their cream not being stored securely to protect them or others from accidental access and potential harm.
- Staff told us people living at the service received regular reviews of their medicines by prescribers in line with national guidance, however for most people there was a lack of records to confirm this.
- Staff had received training on medicine management and been assessed as competent to give people their medicines. There was written guidance available to help staff give them their medicine prescribed on a when required basis (PRN) and body maps were available for medicines for external use such as creams and emollients.
- Records showed overall people received their medicines as prescribed. Oral medicines were stored securely.

As an outcome of our feedback, the manager took prompt action to address the concerns identified, implement changes to reduce the risk of reoccurrence.

Learning lessons when things go wrong

- The manager was found to be responsive to our feedback, taking action to address certain shortfalls identified between the first and second days of inspection.
- Staff had not been receiving regular meetings, performance appraisals or supervision sessions. This did not ensure that staff had time to discuss and reflect on incidents that had happened and implement mitigation to reduce the risk of reoccurrence.
- In the absence of a registered manager, there was insufficient oversight of the service, and staff performance by the provider, to ensure incidents were identified, appropriately reported and lessons learnt as an outcome.

Staffing and recruitment

- Staff were safely recruited. Pre-employment checks including the collection of references and Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Staff were given a thorough induction, including shadowing experienced members of staff. However, improvements were needed to the level of induction and oversight given to agency staff, to ensure they were familiar with people's needs and risks, and delegated tasks during each shift.

We recommend the provider put in place a thorough induction process for agency staff, and arrangements to reflect individual accountability, to ensure they were familiar with and responded to people's care and support needs.

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.

This is the first inspection of this service under a new registered provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We identified concerns that agency staff, unfamiliar with people's needs were at risk of assuming they knew people's choices and preferences, rather than ensuring these were regularly checked and reviewed. Improvements to handover and task allocation for agency staff was identified.
- People's care records mainly showed people were accessing activities both inhouse, and within the community on a regular basis.
- Core staff were familiar with people's personal interests and tried to tailor activities and events to give people choices and equal opportunities to gain new experiences. One person told us about their love of animals, and that they enjoyed seeing the guinea pig that lived at another service under the same provider.
- The service had its own transport, to ensure people and the required number of staff could travel safely, and without the need to rely on public transport.

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.

- In the absence of a registered manager, the service did not hold a log of which people were subject to a DoLS.
- We identified that changes to the environment, with locked doors and gates, had been made as an outcome of a person leaving the service. However, the impact of these restrictions had not been assessed in relation to the needs of each person living at the service.

- Where mental capacity assessments were in place, these were found to be out of date, or not regularly reviewed to ensure the person's needs had not changed.
- We identified gaps in staff training in relation to MCA and DoLS, which did not ensure they had the necessary skills and knowledge to fully implement this law and guidance into their practices.

We recommend the provider reviews people's mental capacity and DoLS requirements in relation to the changes made to the care environment.

Staff support: induction, training, skills and experience

- Staff, including agency staff told us they completed an induction process when new to the service. However, we observed agency staff relied heavily on core staff for guidance and task allocation, with a lack of initiating tasks independently to ensure consistent support for people.
- In the absence of a registered manager, we identified gaps in staff supervision of over six months, which did not ensure their performance and individual development needs were being identified and addressed.
- We identified gaps in staff training and competency checks. Since the new manager had started in post, arrangements were being made to ensure training courses were booked.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Areas of the kitchen had damaged surfaces and would benefit from repairs to aid staff to maintain cleanliness in the kitchen.
- We identified gaps in people's weight monitoring. The service only had domestic style scales, and not everyone was able to use those. Alternative weight monitoring approaches had not been used.
- People had access to food and fluids regularly throughout the day. We observed people to be offered choice, for example of what sandwich filling they wished to have. One person told us, they really liked "Peanut butter sandwiches," and confirmed they had enjoyed their lunch.
- People had access to fresh fruit and vegetables, and details of what people had consumed within a 24-hour period was recorded.
- People had access to equipment and staff support where required to maximise their abilities to eat and drink independently.
- The new manager was actively seeking support to access dental care for some of the people living at the service, as the condition of the teeth had not recently been reviewed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff confirmed they had a good working relationship with the GP practice, which was based near to the service. Arrangements were being put in place to re-introduce home visits by the GP, to support people to be assessed in their familiar home environment.
- With a new manager in post, onward referrals were being made to source specialist equipment, or medical support where risks had been identified.
- Some relatives identified communication with the service had recently improved as a result of the new manager being in post. This was important to ensure relatives could work alongside staff to support people's needs and provide key information on their personal histories.

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

- The service was not visibly clean throughout, but tired in some areas of the service. We were assured by the provider there was an ongoing refurbishment plans for inside and outside the service.
- Works were planned for the front of the property to install safer ramped access, for those people using mobility equipment when going out.

- People's bedrooms were personalised, containing objects of personal importance. Some improvements to signage throughout the service were identified, as well as considering ways to support people with sensory needs to maximise their independence within the service.

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.

This is the first inspection of this service under a new registered provider. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We identified areas of malodour within the service, particularly in bathrooms. This did not protect people's individual dignity or make accessing these areas of the service a pleasant experience.
- We identified a person's bedding was stained on day one of the inspection and remained in place when we inspected two days later. This person required staff to make their bed, who should have ensured this was changed to maintain the person's dignity and comfort.
- We observed staff to support people to use the bathroom with the door closed, and to knock when going in and out of people's bedrooms.
- Changes had been made to the layout of a person's bedroom, with the bed moved away from where the door opened to improve their privacy and dignity.
- People were encouraged to be as independent as possible with areas of their daily routines, and to participate in meaningful activities they enjoyed, helping people to develop new skills and relationships.

As an outcome of our feedback, the manager took prompt action to address the concerns identified, and implemented changes to reduce the risk of reoccurrence.

Ensuring people are well treated and supported; respecting equality and diversity

- Core staff were familiar with people's wishes and preferences and supported them to maintain activity important to their culture and personal interests.
- Staff treated people with kindness and respect. When inspectors arrived, staff ensured we were introduced to people, to involve people fully in the inspection process, and to ensure people felt safe having unfamiliar people in their home.
- People living at the service were encouraged to lead active lives within the local community, including regularly attending a newly opened café and regularly seeing friends living at other services under the same provider, based nearby.

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

- Overall, feedback from people's relatives was positive. They all felt staff were caring, but at times, more staff familiar with people's needs were required to ensure people were fully engaged in activities and stimulated.
- Each person had an allocated key worker, to ensure they sourced regular feedback from the person, and liaised with their relatives. Some feedback from relatives in relation to the level of contact, and amount of detail provided in the key worker reports sent to relatives was identified. We found the manager to be

responsive to our feedback.

- Core staff were observed to source regular feedback from people for example on whether they enjoyed their meal, how they had slept, how they were feeling.
- In the absence of a registered manager, the provider had not sourced feedback from relatives for example using questionnaires. Since starting in post, the new manager had met with each person's relatives, and planned to make this a regular arrangement.

Is the service responsive?

Our findings

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

This is the first inspection of this service under a new registered provider. This key question has been rated 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

- Care records were not personalised. However, since the new manager had started in post, a full review of people's care records was being completed, to ensure these were more personalised, and involved people and their relatives in their design and content.
- The new manager was encouraging people to go out more and access the local community. At times, this was affected by the number of core staff on shift, or access to staff who could drive, but the manager was actively planning their rotas to ensure people could go out regularly.
- People maintained regular contact with their relatives and were able to spend time together for example, going out for meals and trips in the car.

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.

- Core staff were familiar with people's assessed communication needs. We observed some staff to use sign language, and individualised techniques to support people to communicate their needs and wishes. We identified this to be an area needing greater consideration where people had support from agency staff.
- People's care records identified where they had sensory support needs, including details of the arrangements in place to keep these needs under regular medical review.
- Information on raising concerns or complaints was in pictorial and written format for people and their relatives to access, and this was displayed in the main entrance to the service.

Improving care quality in response to complaints or concerns

- People's relatives told us if they had any concerns, or wished to make a complaint, they would feel comfortable to speak with a member of staff or the manager.
- The service did not hold any record of complaints received prior to the new manager starting in post, and no subsequent complaints had been received. However, the manager was familiar with the complaints process, and what they would need to do if one was received.

End of life care and support

- No one was in receipt of end of life care at the time of our inspection. People's care records contained end

of life care plans, in consultation with their relatives.

- The service had good working relationships with the GP practice, and the manager would contact them in the event they needed support with end of life care provision.

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.

This is the first inspection of this service under a new registered provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- In the absence of a registered manager, standards of audits and quality including relating to medicines management had deteriorated. The new manager was working hard to ensure any outstanding audits were completed imminently.
- Staff had not received regular supervision and appraisals to ensure their individual training, development and performance needs was kept under review. In the absence of a registered manager, the provider had not overseen staff performance, or ensured staff were up to date with training and competency checks.

The provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since starting in post, the new manager had now booked supervision sessions, staff meetings and training courses to support staff knowledge, improvement and performance within the service.

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

- In the absence of a registered manager, oversight of standards of care within the service had not been maintained. This had resulted in poor quality care records, poor incident and accident reporting, and a lack of leadership for staff.

The provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- With the new manager in post, there was now a greater focus on care outcomes for people, and staff told us they felt the culture within the service to be improving, with a greater level of support from the new manager.
- Staff were clear of the important roles they had in ensuring people led meaningful lives. One staff member said, "They are part of our family. I care for them how I would want my relative to be cared for. People's relatives are always grateful for the care and support we provide."
- Staff gave positive feedback about the new manager in post, and the fact they were working hard to try to

address shortfalls within the service. They felt the manager had an open door and was keen to hear their ideas and feedback.

- The new manager was passionate about the care and support provided to people and had a clear vision for the direction of improvement they planned for the service. The provider needed to ensure sufficient resources and oversight was in place to support this improvement.

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

- In the absence of a registered manager, the provider had not maintained oversight of accidents and incidents happening within the service and ensuring the required action was taken to reduce the risk of reoccurrence.

The provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives consistently told us they felt they were updated of any incidents or accidents involving their loved ones. This demonstrated an understanding of the importance of being open and honest in line with their responsibilities under the duty of candour, however, improvements to follow up action being taken by staff needed to be improved.

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

- Since starting in post, the new manager was working hard to engage with external stakeholders and other managers within the provider's organisation, as well as resources in the local community to support improvements at the service.
- The new manager had spent time to become familiar with people's needs and had met with their relatives to try to ensure they had all key information about each person's likes, dislikes, interests, preferences and personal histories.

Continuous learning and improving care

- The new manager demonstrated commitment to improving standards of service provision, and acted in response to the feedback we provided, to ensure people received improved standards of care.
- Staff told us they felt listened to and valued by colleagues and the new manager, and felt comfortable if they needed to raise questions, or in turn make suggestions of things that could be changed or improved.

Working in partnership with others

- The new manager recognised the importance and value of working collaboratively with their staff team, people, relatives and external health and social care professionals to achieve positive care outcomes for people.

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>The care provider did not always ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with infection, prevention and control</p> <p>Regulation 12 (1) (2) (a) (b) (c) (d) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The care provider not always ensure systems and processes in place were followed by staff to protect people from the risk of harm or abuse</p> <p>Regulation 13 (1) (2) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider did not always have oversight of the service, or good governance and leadership in place. Audits and quality checks were not consistently completed, or where they were, were not identifying risks and shortfalls.</p> <p>Regulation 17 (1) (2) (a) (b)</p>

