

# Tamaris Healthcare (England) Limited

# Barrington Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 and 29 November 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in October 2017 and was rated requires improvement. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that inspection, in relation to safe care and treatment (safety checks not being completed) and good governance. We took action by requiring the provider to send us plans and timescales for improving the service. At this inspection we saw improvements had been made to the safety checks in the home and the governance in relation to these.

Barrington Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Barrington Lodge accommodates up to 70 people across four separate areas, each area caters for a group of people with similar needs, such as for people living with a dementia or with nursing needs or with both.

At the time of our inspection 49 people were living at the service.

The service does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The last registered manager ended their registration, as the registered manager of this home, on 29 October 2018. There was a newly appointed manager in the home but they had yet to be registered with CQC.

We identified breaches of regulation in relation staffing, meeting nutrition and hydration needs and good governance which meant continuing and sustained improvements were needed.

People told us there were generally enough staff on duty and that their needs were attended to promptly. On occasion, however, people told us they had to wait for care. We observed there to be sufficient staff on duty during our visit to ensure people had their care delivered in a timely way.

People received their medicine safely and were supported to access the support of health care professionals when needed. We identified an issue with the safe storage of medicines that was rectified immediately.

Where risks were identified to people who used the service, or to the environment, these were assessed and plans put in place to reduce them. The environment was monitored to ensure its safety and cleanliness. Accidents and incidents were analysed to identify trends and reduce risks.

People's needs had been assessed to identify their care needs. Assessments were detailed and covered all aspects of their care needs, however, we found one occasion where assessments did not contain accurate or current information about the person's needs.

Staff did not always feel well supported and did not have regular formal support, such as supervision, so that they could discuss their performance and development. Staff received training but this was not always specific to the needs of the service.

People were complimentary about the meals provided. Adapted diets were catered for and choices offered, however, we found that processes did not always ensure people were having adequate food and fluid.

The environment did not always meet the needs of people using the service. Improvements to this were planned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they thought the service was very caring and we observed compassionate and caring interactions between people and staff. People told us, and we observed, that care was delivered with dignity and respect and people were supported to be as independent as possible.

Care plans reflected people's preferences but some needed updating to reflect current needs. Work was ongoing to address this issue. Staff were knowledgeable about people's current needs. People were actively engaged in a range of activities and had opportunities to access the wider community.

There was no registered manager at the time of our visit. We found that there had been inconsistent management since the previous inspection. This had an impact of how people and staff viewed the stability of the management of the home and how systems and processes had been followed. There was a new manager in post but they had not yet had time to familiarise themselves with the service. The new manager was having a comprehensive induction and being supported by senior management.

We found that a system of audits was in place but these failed to address all the issues identified at this inspection. Where issues had been identified and remedial actions plans produced these were still in progress, so had not always rectified the concerns.

Feedback on the service was encouraged and negative comments were responded to. People they knew how to raise a complaint if needed. People told us although there had been a change of management there was always someone in management they could speak with and these people were approachable.

This is the second time the service has been rated requires improvement.

We identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to staffing, meeting nutrition and hydration needs and good governance. You can see what action we took at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service had improved and was now safe.

People were protected against the risks associated with the unsafe use and management of medicines.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

The cleanliness and safety of the environment had improved and monitoring checks were in place. Accidents and incidents were appropriately recorded and investigated, risk assessments were in place.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always supervised, appraised and did not always have the training to undertake their roles effectively.

Processes were in place to support of people with nutritional needs however we found these were not always being followed to ensure people had sufficient intake.

The environment required improvement to meet the needs of all people receiving the service.

### Is the service caring?

Good ●

The service was caring.

People, relatives and staff told us people were treated with dignity and respect.

We observed positive interactions between people and staff that promoted people's privacy, dignity and independence. We saw documentation to support these caring practices.

### Is the service responsive?

Good ●

The service was responsive.

Staff responded to people's health and wellbeing needs and there was documentation in relation to people's care and support. Some documentation required update and this was being addressed.

People had access to a range of activities and there were some opportunities to be involved in the wider community.

People knew how to complain and actions were taken to respond to the complainant and to make improvements to the service.

### **Is the service well-led?**

We found the service was not always well-led.

The service did not have a registered manager. The service had a new manager who had only very recently commenced in post.

Systems to monitor the quality of the service were not always identifying and addressing issues. Action plans were being used to monitor progress in the service but most actions were yet to be completed.

People, relatives and staff had opportunities to feedback about how the service was run. We received mixed feedback about the service, some of which was about instability in the service caused by the lack of consistent management.

**Requires Improvement** 

# Barrington Lodge Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 29 November 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of two adult social care inspectors, a specialist advisor nurse 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Barrington Lodge Care Home. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. During the inspection we spoke with two visiting health professionals.

We spoke with five people who used the service and six relatives of people using the service. We looked at eight care plans, six medicine administration records (MARs) and handover sheets. We carried out observations of staff and people in the home interacting.

We spoke with 16 members of staff, including the manager, the regional manager, a resident experience support manager, a resident experience staff member, two nurses, one care home assistant practitioner, four senior care workers, two care assistants, personal activities leader, kitchen and maintenance staff. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

# Is the service safe?

## Our findings

At our last inspection in October 2017 we found a breach of Regulation 12. This was in relation to the maintenance of the building. At this inspection we found improvements had been made.

Arrangements were in place for regular checks to be carried out which ensure people lived in a safe environment. In discussion with maintenance staff, we found they were very familiar with the checks required and demonstrated that where they found issues these were documented and they took appropriate actions. Water temperature checks were within the range recommended by the Health and Safety Executive. Checks had also been carried out on tall furniture to avoid people pulling these over.

Other checks included firefighting equipment, fire doors and emergency lighting. Each person had a Personal Emergency Evacuation Plan (PEEP) which described the support they needed to evacuate the building in an emergency. We found a number of fire drills had been arranged to ensure staff knew what to do. During our inspection the fire alarm was activated. Staff followed the proper procedures and a debrief was held with staff to look at the actions they took.

The provider had an emergency contingency and business continuity plan which detailed arrangement of what was expected during an emergency.

Whilst looking around the home we found not all emergency pull cords were accessible to people should they fall to the floor. Actions were taken during our inspection to rectify this issue.

We found the provider had arrangements in place for the safe receipt, storage, administration and disposal of people's medicines. Medicine administration charts were completed correctly and we received feedback that people received their medicines appropriately. During our inspection we found staff had not followed the provider's policy or NICE (National Institute for Health and Care Excellence) guidance for the safe disposal of medicines, because unused medicines were not always stored in the recommended way; however, medicines were recorded and accounted for. Staff took immediate action to follow the guidance after we discussed the issues with the manager.

Each person had a dependency assessment in place. The assessment looked at their needs and how many staff were required to provide their care at any one time. Each person's dependency assessment was aggregated into an overarching dependency tool which provided information on the number of staff hours required to meet people's care needs. One person told us, "It doesn't take too long, I don't buzz very often so they [staff] know to come quickly when I do." People told us occasionally they felt they had to wait for staff to come, for example, one person said, "During the day they haven't got time, I have to wait." Staff we spoke to during the inspection told us they felt there were enough staff on duty to provide the care for the number of people using the service. We reviewed the staff rotas and found there were consistent levels of staff on duty.

Staff had received training in safeguarding people from abuse. We saw safeguarding information had been

reported by staff to their line manager and referrals had been made to the local authority. These were documented on a matrix by the manager who was in post at the time for oversight and review.

The provider had a policy in place on raising confidential concerns (Whistleblowing). The policy described the options staff had to raise any concern and how it should be responded to. In one staff member's file we found they had written a letter to the manager with concerns about another staff member. The most recent interim manager told us they had investigated the issue, spoken to the staff member about whom the issue was raised, but had not documented any of their actions or reported back to the person who raised their concern.

We recommend that whistleblowing concerns be formally logged and responded to ensure learning from these can be identified and shared if appropriate.

Pre-employment checks were carried out on staff before they started working in the service. Prospective staff were expected to complete an application form detailing their employment history and their previous training. The vetting procedures included a Disclosure and Barring Service (DBS) check. DBS checks help employers to make safer recruitment decisions and reduce the risk of staff being employed who are not suitable for their roles. To deal with issues of staff misconduct the provider had in place a staff disciplinary policy. The management team on site during our inspection told us there were no current disciplinary issues.

During the inspection we observed cleaning was ongoing to reduce the risk of cross infection. The local infection prevention and control team had recently visited the home and advised what steps were requirement to make improvements. We found the home was clean and tidy and there were no malodours in the building.

People's individual risks, for example skin integrity and mobility, were assessed by staff. Actions were described in people's care records as to how these risks should be mitigated. Staff we spoke with during the inspection could tell us about such risks and describe to us what they needed to do to ensure people were safe.

Accidents and Incidents were recorded on an electronic system and reviewed by the manager. These recorded details of the actions taken to reduce the likelihood of accidents and incidents recurring and analysis was completed to identify any trends.

## Is the service effective?

### Our findings

Staff records showed staff were supported through induction and training. However, we found staff supervision was not taking place on a regular basis. On reviewing staff supervision records we found staff had not received regular supervision. In one staff member's file we found there were no supervision records. In other staff files we found supervision had not taken place during 2018. Staff confirmed to us that due to the number of management changes supervision was not taking place on a regular basis. One staff member said, "Supervision has been hit and miss, we've had so many managers. I think I've only had three supervisions in two years." A supervision and appraisal matrix showed that staff had received an annual appraisal but we sampled two additional staff files and the records of appraisals could not be located. We discussed this with the manager and regional manager but no further evidence was produced.

Some staff told us they did not feel they had enough practical training, specifically around nursing techniques. We discussed this with the management present who confirmed that there was no overview for specialist training such as: catheter care or venepuncture, so they could not be certain which staff had completed this. This had been identified as a training need and it was planned this would be addressed by a new trainer recently employed by the provider. The only practical training staff currently received was in moving and handling. We found that some people in the home had diabetes but staff were not trained in this area. The new manager told us they planned to use the Skills Network (a training and development resource) to access diabetes training and training to meet any other specific needs identified in the home.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Pre-admission assessment documents were used by the staff to assess people's needs prior to them living at Barrington Lodge. We saw these had been completed by staff and used to inform people's care plans. However, we found one person's pre-admission document was dated after they had been admitted. Information about their mobility was not consistent in the pre-admission form with that in their care plan and it was not clear what the person's current mobility needs were. In the timespan the person had been living in the home they had experienced three falls, none of which had resulted in serious injury. We drew this to the attention of the management team who agreed to look into our concerns.

People had food and fluid charts in place where staff were concerned about people's nutrition and hydration intake. We looked at people's food and fluid charts and found there was a calculation available for staff to work out an appropriate fluid intake. Staff were meant to record the amount on the front of their fluid booklet. We found booklets with no target fluid amounts. Fluids for each person had not been totalled and there was no subsequent oversight by senior staff to address any concerns in potential low fluid intake. The instructions guided staff to document in handover notes between shifts. We found this had not always been done.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We spoke with the kitchen staff who provided us with information about the regular ordering of food and how they fortified people's meals. Information was provided by the care staff to kitchen staff about people's dietary requirements. Due to having agency cooks in place the kitchen staff had listed the names of the different areas of the home on the hot trolleys and the number of different diets required in each area of the home. The food served appeared appetising. Menus were available on the wall. However, these were not in an accessible format (such as being pictorial), there were no menus on tables and some dining rooms did not have condiments on the tables.

One person chose to eat in the lounge. We saw in their care plan they were at risk of losing weight. A staff member provided them with their main course and left them. They continued with their chosen activity and ignored their food. Staff did not return to prompt them or support them to eat. The staff member returned approximately half an hour later and asked did they want any more lunch. The person declined but agreed to a pudding. Their dessert was put in front of them. Another member of staff returned at a later point and removed their uneaten pudding. A third member of staff reminded them of the biscuits in front of them on a small plate. In another area of the home we observed a person decline their meal. The staff offered no alternatives. We found the actions of staff failed to ensure the person had adequate nutrition.

This was a breach of Regulation 14 (Meeting Nutrition and Hydration Needs) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We spoke with two visiting health professionals who told us they thought the home generally managed people's nutritional needs well and they did not have any current concerns about people living in the home. The home was accredited with Focus on Undernutrition, for which staff in the home had received training in meeting people's nutritional needs.

Staff worked with other health care professionals to promote people's health and wellbeing. For example: GPs, specialist nurses, dieticians, community nurses and speech and language therapists (SALT). Where specific recommendations had been made these were incorporated into people's care plans to help ensure they received the care they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found there was some signage upstairs to help people identify bathrooms and toilets. We found throughout the building further work was required to support people living with dementia to orientate themselves around the home and promote their independence. At the time of our last inspection we were advised that staff had yet to be trained in the provider's Dementia Care Framework. The regional manager told us at that point, due to the management changes in the home, this was the last home in their group of homes to implement the framework. They told us they felt it was appropriate to wait until a permanent manager was recruited to carry out this piece of work. At this inspection we found the service

had yet to complete the framework due to the changes in management. At the same time, we were advised progress was being made and staff had been trained. Work was ongoing on people's care plans to include information from a dementia care perspective. However, we found further work was required on the building. This had been identified as part of the home's action plan. The new manager told us they had plans to redecorate and theme corridors in the home, provide stimulating, textured objects for the walls and ensure each bedroom was identifiable with a memory box (a display box personalised to reflect the interests or history of the person occupying that room).

## Is the service caring?

### Our findings

People and their relatives told us the service continued to be caring and compassionate. People said, "Yes a lot of them [staff] are [caring]" and another told us, "Some are, one [staff member] is very caring and takes an interest." Relatives told us, "I would say so, they're [staff are] always having a laugh and joke and they know [family member's] ways and he knows what they're talking about." Another told us, "Yes they're quite caring, they'll sit and talk to [family member] and when I've come in unexpectedly they are sitting talking to them." We also saw thank you cards reflecting people's positive experiences and thanking staff for their kindness.

We observed staff to be caring. For example we observed staff speaking to someone and reassuring them when they had concerns. We observed other staff checking that people were happy with their meals and heard staff and people speaking with good rapport. People were supported to have contact with their families and maintain relationships.

We saw people's views and preferences were recorded in their care files, including any communication needs, religious and cultural preferences. People had mixed views about how confident they felt about expressing their views and making decisions about their care. Comments we received included, "No they [staff] do a lot of talking but they don't listen to my side, especially some of them", "Some [staff] do and some don't, like when I'm getting changed they don't always listen to me" and "Yes mostly, sometimes I feel they are ignoring me, just the odd ones, most of them are alright." Relatives we spoke with told us they had opportunity to comment on the care provided but gave varying accounts of how involved they were and how much information they received from staff. There were plans to update records to be more detailed and work was ongoing on the Dementia Care Framework to make care files more person centred. Person centred is about focusing care on what is important to the person. This process would involve consultation with people about their preferences and views on how the care was delivered.

People were supported to access advocacy services when needed. Advocates help to ensure that people's views and preferences are heard.

People and relatives told us staff promoted dignity and respect. One person said, "Yes, they always show respect in how they speak to us." Another said, "Yes they talk to you as though you are a person not just because it's part of their job." People were supported to maintain their privacy and independence. For example, one person told us, "Yes, they [staff] do, they shut the door and cover you up." Another person told us, "It's difficult to give you privacy when they're [staff are] bathing you but the doors are always closed until I get my clothes on." Care files contained a 'My Choices' document which stated what was important to the person. One document stated, 'I am an independent person. I can do almost everything for myself. If I need any help I will ask staff.'

Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Staff told us they thought that a strength of the service was the care provided. One staff member told us, "The residents are well cared for, staff are lovely, friendly, cheerful. It's a lovely atmosphere." A health professional also commented, "Yes, the service is definitely caring...very caring."

We saw that records were securely stored and that staff understood the importance of confidentiality. Sensitive discussions were conducted in private.

## Is the service responsive?

### Our findings

Assessments of people's needs were completed before they were admitted to the home and again on admission. These, and ongoing assessments, were used to inform care plans and risk assessments. We found that these plans and assessments covered a comprehensive range of needs including: skin integrity, nutrition, mobility, mental health, personal care, continence, medication and mental capacity.

Care plans were reviewed monthly, but there had been occasions when monthly reviews had been missed. In two people's files we found that information contained in the reviews had not been transferred onto the care plans. Although reviews reflected current needs this could make it difficult for staff to access accurate information in a timely way. Some care plans had not been rewritten since 2016 and needed updating. For example, one care plan stated the person could communicate verbally but reviews stated the person used non-verbal communication as their needs had changed. We discussed this with the manager and a member from the resident experience team who was in the home auditing care files in line with the provider's Dementia Care Framework. They demonstrated that the files in question had already been audited and the issues we identified were already known. Care staff were currently being trained in the Dementia Care Framework and shown how to update the care files subsequently. Files we reviewed that had already been updated were improved and contained person centred information.

Care files included a 'My Choices' document which detailed people's preferences, how to support them, what was important to them such as cultural and spiritual needs, their life history and what a good or bad day would look like for that person. These documents also included a plan for the activities people were interested in.

People told us they were involved in their care. One person said, "Yes, I'm involved, if I want anything I just have to say what I want." Relatives also told us they were involved but mainly gave examples of when they had become involved to make staff aware of changes in the person's needs or because of a concern. Staff we spoke with during the visit were knowledgeable about people's needs and healthcare professionals we spoke with also felt the service provided care tailored to people's wishes and preferences. Staff told us there had been a stable nursing team that understood the needs of people who received nursing care.

There were two personal activities leaders (PALS) who worked in the service providing one full time role. We spoke with one of these PALS during our visit. They told us daily activities were offered including: bingo, dominoes, board games, word searches, cake making, one to ones, coffee mornings and singers monthly. They also arranged fundraising events such as a summer fayre and raffles. Activities undertaken were recorded in people's journals, which were kept in people's bedrooms so these records were accessible for people and families to review. One person told us, "There's as much as we want, there's singers come in, bingo and shopping trips. I enjoy these as I like to get out for some fresh air." A relative told us, "[Family member] plays bingo and they have a singer now and again but not very often. We've both played dominoes with the activities coordinator."

The personal activities leader told us that they organised trips to a local church, that a church choir service

was held each month and they took people shopping. Most people we spoke with told us they went out with family or friends. We asked the manager about this and they told us the home had a minibus that had not been used recently because the new driver was undergoing necessary checks. It was planned that this resource would be available for people to use shortly and this would enable more community engagement.

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy that set out how issues could be raised and the process for investigating and responding. Records showed that where issues had been raised they had been dealt with in line with this policy and outcomes sent to the parties involved. People and their relatives said they knew how to raise issues at the service. One relative told us, "They've got leaflets in reception but I would speak to the manager." The regional manager received reports on complaints and we were told any trends would be identified by the manager or the regional manager through this process.

Nobody was receiving end of life care at the time of our inspection, but policies and procedures were in place to provide this when needed. Training in end of life care did not feature in the provider's mandatory training for this service. We discussed this with the management and they confirmed that staff were not trained in this area but they would be accessing the Skills Network to find training on this. A healthcare professional we spoke with told us they were aware of someone in the home who had previously been assessed as needing end of life care but their health had improved and they were, "back on their feet and mobilising." They explained they believed this improvement was because of the "close observations and good care" the person received.

## Is the service well-led?

### Our findings

At the previous inspection in October 2017 the home did not have a registered manager in post. Since the last inspection there had been a registered manager in post but they had recently left the service and interim management arrangements had been in place. People, relatives and staff we spoke with told us that the service had experienced instability because of the lack of consistent management. One person told us, "You never see the manager." A relative said, "The whole place seems disorganised and not well managed, they could do better. I see some [staff] talking when they are saying they're rushed off their feet but if better managed and better organised would make a difference." A staff member told us, "It's had an effect on the home, morale, people unsure about their jobs."

The home did not have a current registered manager. A new manager had only recently been appointed and commenced in the role the week prior to our visit. They were still undergoing a comprehensive induction into the service but had not had opportunity to familiarise themselves with all the systems, processes, staff and people who used the service. Throughout the inspection they were supported by the regional manager and a resident experience support manager (who had been providing interim management in the home prior to the new manager being appointed). Due to the inconsistency of manager some of the documents we required for the inspection could not be easily located.

Staff told us they did not always feel sufficiently supported and did not always have dedicated time to discuss practice and improvement issues such as at supervisions and appraisals. We found that the provider did not have sufficient overview of training needs specific to the people living in the home or a clear plan of how and when these needs would be met.

There was also a lack of overview about how the home interacted with external partners and shared best practice, in that the management could not confirm who the home's 'champions' were and what best practice forums or training had been recently attended by representatives of the home. 'Champions' are staff who take the lead in best practice for a particular area of care, such as infection control, and share this learning with other member of the staff team. We saw that some best practice was shared with staff via the computerised training system and that staff were sent a 'policy of the month' which they confirmed receipt and understanding of. The new manager had contact details for external agencies to re-establish links made by previous managers.

The provider had a full and comprehensive range of audits which had been completed but were, in places, failing to rectify the concerns we noted on this inspection, for example, the lack of staff supervision and the completion of food and fluid charts. Audits identified the need to update and rectify inconsistencies in care plans but work on improving these was still ongoing. There was an overarching action plan for the home which showed most of the actions identified had been started but still needed further work, for example, improvements to the environment. The action plan was inclusive of actions identified by other organisations such as the local authority and Clinical Commissioning Group's infection control service, and work was ongoing to fully meet their requirements.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We saw that there had been management cover for the home in the absence of a permanent manager, such as resident experience staff and the regional manager. Staff told us that the management representatives had been approachable. One staff member said, "The office is always open if you need to talk" and "[Regional manager] is always there if you need to speak to them."

The new manager was an experienced manager and they expressed a commitment to remain at the home and become registered. They were receiving a comprehensive induction and demonstrated knowledge of good practice and a willingness to drive improvements in the home. Although the manager had not had the opportunity to meet formally with people, relatives and staff, we did receive some positive feedback from those staff who had already spoken with the manager.

Some staff were supported by other people within the organisation, such as care home assistant practitioners. They were supported by the nurses and two lead people within the organisation who ensured their training and competency checks were current. These staff told us they had consistently received the support they needed in their roles.

We saw people, relatives and staff were given opportunities to give feedback about the service. One person told us, "Yes, we do questionnaires on the computer, they [staff] sit with you." The most recent analysis of feedback showed that staff had expressed concerns about the lack of stable management and some had commented on the impact this had on their roles. Some feedback from people and relatives had been responded to and was displayed so that people could see the actions the provider had taken. For example, a full-time maintenance person had been appointed and menus had been changed to meet people's preferences. Meetings were held with staff on a regular basis but meetings with people and relatives had not been recorded since July 2018.

Health and social care professionals we spoke with were complimentary about the way the home communicated, worked in partnership with them and managed people's complex care needs. One professional told us, "Managers have been quite friendly and welcoming. I like that staff know residents well and they are very on the ball with asking for help."

The registered manager had notified the CQC of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  Nutritional and hydration needs were not always being met, as people were not always given adequate support to eat and drink.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Processes did not always assess, monitor and improve the quality and safety of the services.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Persons employed by the service provider did not always receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.