

Alverstoke House Nursing Home

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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

Alverstoke House is a care home providing accommodation and nursing care for up to 29 people, including people living with physical and nursing needs. There were 17 people living at the home at the time of the inspection.

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

People's care plans and risk assessments contained consistent and detailed information in relation to people's needs and how these should be managed. However, people's health needs were not always monitored in line with the information highlighted in their care plans and risk assessments. This placed people at risk of not receiving appropriate care and treatment in a timely way. Following the inspection we were advised that improvements had been made in the monitoring and recording of people's care needs. Although further improvements were needed.

People received their oral medicine as prescribed. Medicine administration care plans and 'as required' (PRN) plans provided staff with clear and detailed information on how people liked to receive their medicines and when these medicines should be given. However, information provided in relation to the administration of topical medicines, such as creams and lotions did not provide assurances these had been administered as prescribed.

Following our inspection we were advised that improvements had been made to the completion of the topical medication administration records. Although further improvements were needed. We observed sufficient numbers of staff available to meet people's needs. However, we received mixed views from people and relatives about the staffing levels at the home. The manager and provider agreed to investigate this. Safe and effective recruitment practices were in place and followed.

Care staff demonstrated they knew people well and understood their likes, dislikes and preferences. People and relatives told us they felt safe and were happy with their care. They confirmed staff were kind and caring and we observed positive interactions between staff and people.

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

Since the appointment of the manager there had been a number of improvements made to the service. These improvements included, increased oversight, more robust monitoring of the quality of care provided and the upskilling of staff. The manager had also implemented systems to help ensure themes and trends could be identified when accidents, incidents and near misses had occurred to allow timely interventions to mitigate future risks. However, these actions had yet to be fully implemented and embedded in practice.

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 (report published 18 February 2020). There were three breaches of regulation. We issued warning notices requiring the provider to make improvements regarding the safe care and treatment of people and the governance of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alverstoke House Nursing Home on our website at www.cqc.org.uk.

At this inspection enough improvement had not been made and the provider was still in breach of the regulations. This service has been rated requires improvement for the last three consecutive inspections.

We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

We undertook this focused inspection to follow up on concerns we had received in relation to the management of people's nursing care needs, medicines, wound care and nutrition and hydration needs. We also wanted to ensure that the Warning Notices we previously served to the service in relation to, Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Safe and Well-led. 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. The overall rating for the service has remained as Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe 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.

Enforcement

We have identified the following breach at this inspection.

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed, unsafe medicines management placed people at risk of harm and the service failed to ensure people were provided with safe care and treatment. This was continued breach of regulation 12.

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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action and continuous improvement plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 ●

Alverstoke House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by four inspectors. Two inspectors visited the service and completed the site inspection and two inspectors worked remotely reviewing and analysing documentation provided by the service and health and social care professionals.

Service and service type

Alverstoke House Nursing Home 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.

At the time of the inspection there was no registered manager employed at Alverstoke House Nursing Home. The previous registered manager left the service on the 26 June 2020. The overall management of the service had been taken over by a 'turnaround manager.' This manager had been employed by the provider to implement effective changes to the service to help ensure that people living at Alverstoke House received safe, effective care and that the service was compliant with regulatory requirements. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed and analysed documentation we had received from the service and feedback provided from health and social care professionals. We also reviewed information we had received from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Previous inspection reports and notifications were considered. Notifications are information about specific important events the service is legally required to send to us. We considered 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. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including, the provider, the manager, the clinical lead and six members of the care staff. We observed the care being provided and reviewed a range of records, including multiple medication records.

After the inspection

We received feedback from five relatives and contacted five additional staff members by telephone. We continued to seek clarification from the provider and manager to validate the evidence found. We looked at 12 peoples care plans, risk assessments and monitoring records in detail. We also reviewed a range of records including training data, quality assurance records and additional supporting information provided by the management team.

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 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.

Assessing risk, safety monitoring and management

At our last inspection we identified risks to people had not always been identified and managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made in relation to risk management. However, these improvements needed to be sustained and embedded into practice. Additionally, concerns still remained in relation to the monitoring of people's health needs. Therefore, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the previous inspection we found people were at risk of not receiving appropriate healthcare because some care plans and risk assessments did not provide guidance to staff on how people's specific healthcare needs should be managed. At this inspection we found care plans and risk assessments had recently been updated. These records reflected people's needs and provided more detailed information to staff on how these needs should be managed and risks mitigated. However, monitoring records viewed did not provide us with assurances that people were supported as highlighted in their care plans and risk assessments or that these risks were monitored and managed as required.
- For people at risk of pressure sores, most risk assessments provided detailed information on frequency of position changing and actions required for staff to mitigate the risk of pressure damage, including the use and settings of any pressure relieving equipment. However, on review of the monitoring records we could not be assured people had been supported to change their position as highlighted. For example, one person's care plan and risk assessment stated the person should be supported to change their position every four hours when in bed, however there was no record that their position had been changed for a sixteen hour and seven-hour period.
- We could not be assured that where people were at risk of constipation, bowel monitoring was completed as highlighted in care plan and risk assessments or as highlighted in other information provided. For example, prior to the on-site visit by the inspector's information was received from the service that stated a person required their bowel's to be monitored. A record of this bowel monitoring was requested prior to, during and following the inspection visit, however this record was not received.
- We viewed diabetic risk assessments for people and found these contained clear and detailed information for staff. This information included the frequency of monitoring the person's blood sugar levels, signs and symptoms which would indicate a person was experiencing unstable blood sugar levels and guidance for staff about what actions should be taken. However, we could not be assured that people's blood sugar levels were monitored as described, or that action was taken in a timely way. For example, one person's

blood sugar 'normal range' was described as being between 10 and 16, however on the 8 July 2020 their blood sugar reading was recorded as being 21.5. Their insulin was administered but there was no information available which reflected the person's blood sugar was rechecked to ensure these levels were stabilising or that fluids had been encouraged in line with their care plan.

- Some people living at Alverstoke House were noted as requiring their food and fluid intake to be monitored. One person was being weighed on a monthly basis and this weight record showed a steady weight reduction. However, the food and fluid chart in place for this person showed food and fluids were not regularly offered or given. For example, on the 8 June 2020 at 09.26 there was an entry that the person had drunk 'tea', there was no detail of the quantity of tea drunk, there was no further entries that fluid was given or offered until 22.17 when 150mls of fluids were taken. On the 9 June 2020 there was no evidence that food or fluids were offered outside of meal times and the only fluid intake recorded was 150mls at 20.35. On the 19 June 2020 there were only two entries recorded for the whole day in relation to food and fluids, there was no record that supper was offered and given. Additionally, there was no process in place for reviewing food and fluid intake to help identify where people may be at risk of malnutrition or dehydration. However, throughout the inspection it was noted that all people had access to food and fluid throughout the day.
- We could not be assured that people who suffered from specific medical conditions received effective monitoring and actions were taken in a timely way, when required. For example, one person's care plan stated, their blood pressure was to be monitored monthly. However, this record did not indicate what was considered the person's 'normal' blood pressure. Additionally, on review of the person's blood pressure monitoring record there were gaps of up to two months between recording of the person's blood pressure monitoring.
- The above concerns were discussed with the manager who had also identified these issues during the three weeks they had worked at the service. They were working towards rectifying these issues through implementing daily meetings with staff to ensure that all staff understand what medical and care issues are required to be addressed daily. Additionally, food and fluid and topical cream leads were to be allocated each shift and weekly clinical review meetings were being established to ensure that all peoples needs were understood and managed effectively. However, these actions had yet to be fully actioned, implemented and embedding in practice.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed, managed and mitigated is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we were advised that improvements had been made in the monitoring and recording of positional changes, food and fluid intake, medical conditions and bowel monitoring for people.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies.

Using medicines safely

At our last inspection we identified unsafe medicines management placed people at risk of harm. This was 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 some improvements had been made in relation to medicine management. However, these improvements needed to be sustained and embedding into

practice. Additionally, concerns still remained in relation to the application of topical medicines. Therefore, the service remains in breach of Regulation 12.

- Topical medicines administration records (TMAR) were in place to record the application of creams and lotions for people. We found the information in relation to the frequency of cream application did not correspond with the signatures on the TMAR and information was conflicting. For example, one person's TMAR stated, in the frequency of application section, staff were to apply cream to the person 'four to six times per day.' Yet within the additional note section on this record it said, 'Apply to arms and back when required.' Furthermore, on the 8th, 11th, 12th and 13th July 2020 this cream had been applied twice on these days only. For another person, the TMAR stated, in the frequency of application section, staff were to apply cream to the person 'three times per day.' However, from the 7th to the 13th July 2020 it was recorded that this cream had only been applied once on each of these days. This meant we could not be assured these creams were administered as prescribed. On review of the services action plan, issues in relation to the recording of topical creams were noted and clear actions were in place to ensure issues were rectified, however this was yet to be implemented.
- With the exception of topical creams people receiving their medicines as prescribed. Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. Since the arrival of the manager new processes had been implemented to ensure MAR charts were closely monitored to ensure that all people had received their medicines as required. This also helped to ensure any errors could be identified quickly and acted upon.
- Medicine administration care plans were in place which provided clear information for staff on how people liked to take their medicines.
- Each person who needed 'as required' (PRN) medicines, such as pain relief, had clear and detailed information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.
- During the medication stock check completed at the inspection and our review of medicine processes we found these had not always been effective in ensuring people had access to medications required and the service did not have a running stock count/check for all medicines that were received into the home. This was discussed with the management team who assured us systems to help ensure medicines were always available to people were in the process of being updated and were currently under review, this was evidenced in the managers action plan.

Unsafe medicines management placed people at risk of harm and is a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection we were advised that improvements had been made to the completion of the topical medication administration records. Some records were provided to evidence this although we noted that some of these records, whilst showing improvements, still had gaps in signatures with no recorded explanation for the gaps.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified the provider failure to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 13.

- Prior to this inspection we received a number of concerns in relation to the management of people's nursing care needs; medicine; nutrition and hydration; falls and failure to act effectively when injuries,

accidents and near misses occurred. This could amount to neglect and result in significant harm and injury to people. At this inspection we identified that leading up to the appointment of the manager actions to mitigate risks, monitor health needs, report concerns and incidents and act on concerns had not always been implemented or action taken in a timely way. However, since the appointment of the manager more effective processes have been put in place to ensure safeguarding incidents were investigated robustly, actions to mitigate risks were fully considered and actioned and incidents were reported to CQC and the local safeguarding team when needed. These improvements needed to be sustained and embedded into practice.

- People and their relatives told us they felt the service was safe. A person said, they felt "very safe" and a relative told us, "I do believe my relative is in good, safe and caring hands."
- Staff had received training in safeguarding adults and understood how to recognise abuse and protect people. All staff we spoke with demonstrated an understanding of their safeguarding responsibilities.

Learning lessons when things go wrong

- Prior to this inspection we received several concerns in relation to recurring accidents, incidents and near misses. These included failing to take effective actions when people had experienced falls or become entrapped in bed rails. This could amount to neglect and result in significant harm and injury to people.
- At this inspection we identified that leading up to the appointment of the manager actions to mitigate risks, monitor health needs, report concerns and incidents and act on concerns had not always been implemented or action taken in a timely way.
- Since the appointment of the manager more effective processes have been put in place to ensure safeguarding incidents were investigated robustly, actions to mitigate risks were fully considered and actioned and incidents were reported to CQC and the local safeguarding team when needed.
- Since being in post the manager had updated the process around the recording and monitoring of complaints, accidents, incidents and near misses to help identify any themes and trends. The manager was able to provide us with evidence that if a pattern emerged, action was taken to prevent reoccurrence.

Staffing and recruitment

- Since the last inspection there had been changes in the staff team. A number of the original nursing staff no longer working at the service. This had resulted in minimal permanent qualified nurses employed by the service and meant the provider was heavily reliant on the use of agency staff to fill these vacancies. The provider was currently in the process of attempting to recruit to these roles. The manager was closely monitoring all staff performance to ensure people are cared for and supported in a safe and effective way.
- We received mixed views from people and relatives about the staffing levels at the home. A person told us they felt more staff were needed because, "they [staff] are always rushing about" they added, "sometimes they can come quickly, but sometimes it can take up to 10 minutes." Another person said, that the staff were very helpful, friendly and kind. They said they thought there was enough staff, but if they are busy, they sometimes had to wait for them. Another person told us, "I think there is enough staff." Relatives echoed these mixed views. This feedback was shared with the manager who agreed to look into this.
- During the inspection staff were observed to have time to provide people with responsive and effective care in a relaxed and unhurried way and there were sufficient numbers of staff to meet people's needs.
- Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The tool produced a score which was used to determine the amount of staffing hours required to support people appropriately. The manager reviewed the score regularly, to ensure that staffing levels continued to be appropriate if people's needs changed over time.
- Staff told us they felt they had enough time to meet people's needs and that staffing levels were enough. One staff member said, "Yes, we have enough (staff), were not full (vacant rooms at present) so that makes it easier. We all work well together." Another staff member told us, "We have been short [of staff] at times but

the management get in agency staff to cover. There are a few regular agency staff, so we have got to know them, and they know what needs doing which makes it easier."

- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks and obtaining up to date references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- Staff were trained in infection control and had also received specific Covid-19 training to help ensure they understood the risks and adhered to infection control processes in line with Covid-19 guidance. However, we identified that in some bedrooms portable fans were available for people to use. Fan use is not in line with latest governance guidance. This was raised with the manager who agreed to address this.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) was available throughout all areas of the home. Staff were seen to be wearing gloves, aprons and masks appropriately.
- The home was clean and tidy.
- Domestic staff were employed within the service who completed regular cleaning tasks in line with set schedules.
- Policies and procedures were in place to protect people from the risk of infection.
- Infection control audits were completed on a four-weekly basis. We viewed the completed infection control audits for the last two months and found actions identified had been completed as required.

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 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; 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

At our last inspection we identified the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements have been made and the provider is no longer in breach of regulation 17. However, more time was needed to ensure the new systems were effective and robust.

- At the time of the inspection there was no registered manager employed at Alverstoke House Nursing Home. The previous registered manager left the service on the 26 June 2020. The overall management of the service had been taken over by a 'turnaround manager', who started at the service on the 29 June 2020. This manager had been employed by the provider to implement effective changes to the service to help ensure that people living at Alverstoke House received safe, effective care and that the service was compliant with regulatory requirements.
- In addition to this new manager, two clinical lead nurses had also been employed to help ensure there was a more robust and experienced management team in place with clinical nursing skills.
- Prior to the inspection, CQC received feedback from outside agencies which demonstrated that the provider had failed to identify and act on incidents, accidents and near misses and lacked understanding around their regulatory responsibilities. There had been a number of incidents at the service in which the provider failed to notify us, and other agencies of. These incidents had been identified by the local authority and clinical commissioning group and were brought to the attention of the manager on their arrival at the service. The manager reviewed these, and actions were taken to address these issues. Additionally, the manager reviewed processes and policies, updated protocols, provided additional training for staff as required and implemented new processes to help ensure appropriate and effective action would be taken in a timely way in the future.
- Since their appointment the manager had audited aspects of the service and was able to demonstrate that they had a clear understanding of improvements that needed to be made. They had developed a detailed action plan which addressed their findings as well as the concerns that were identified in the warning notices. The manager and clinical lead staff were in the process of implementing the required changes.
- A number of improvements had been made since the appointment of the new manager, including more

robust medicines management. Additionally, risk assessments and care plans now provided staff with detailed and clear guidance on how people's needs, and risk should be managed and mitigated. There were also more robust management processes in place to help ensure people received safe, person-centred care which was effective and responsive to people's needs. However, we identified improvements were still needed to be made in the monitoring and management of people's healthcare needs, ensuring concerns were responded to and actions taken in a timely way and the management of topical creams.

- Policies and procedures were in place to aid the running of the service. For example, there were policies on safeguarding, infection control and falls. The manager had implemented 'a policy of the week' where staff were issued a new policy weekly and would have to sign to say they had read this policy. This process help ensure staff were kept up to date on changes in policies.
- The manager had increased oversight to help ensure that people received safe, effective and person-centred care. Observations of care interaction had increased with a focus on dignity and respect, daily management 'walk arounds' were completed, training sessions on accountability, responsibility, care and skills were planned and new audit processes had been implemented.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The previous performance rating was displayed in the reception area of the home.
- The manager was open and honest throughout the inspection and discussed the challenges they faced within their role and shortfalls they had identified prior to the inspection. It was clear that they were working hard to address these issues.

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

- At the previous inspection we found there was not a culture of continuous improvement or understanding of quality performance evident in the service. Additionally, prior to the latest inspection CQC received feedback from outside agencies which demonstrated there was not a culture of learning at the service and there was evidence of reoccurrence of incidents and accidents and poor clinical care.
- At this inspection we found the manager had taken actions to address this issue and had a clear vision and understanding of what was required at the service to improve care. However, their ideas and actions had not yet been embedded in practice.
- The manager advised us they were in the process of completing competency checks to understand if staff were safe in completing care/nursing tasks, or whether additional training was required. These competency checks had resulted in a number of staff changes.
- Since their appointment the manager had identified that while staff understood their duties during their shift, such as care, administering medicine, cooking or cleaning tasks, not all staff understood their responsibilities which considered the wider aspect of the service provision to promote accountability. This had resulted in the manager encouraging staff to adopt new areas of responsibility. This included, upskilling some staff by providing additional training and had implemented plans for staff to take on role specialisms such as, in relation to 'falls' and 'nutrition and hydration.' The manager said, this would not only help ensure people received the care they required but would also promote staff to take responsibility and empower them.
- Staff were positive about the manager and the changes to the service. One staff member said, "It has been improving since the new manager started. There is a more structured and targeted approach. A lot of it makes more sense than before." Another staff member told us, "Lots of things have changed, we are doing more documenting and a third staff member described the running of the service as, "more efficient."
- When we asked a relative if they felt the service was well run, they told us, "Generally speaking, yes. I do believe that service provider and the recent manager genuinely have the residents' best interests at the heart of their business."

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

- Regular staff meetings were undertaken. These meetings were used to provide information, such as planned improvements to the service, training, learning opportunities and sharing information about on-going practice developments.
- Relatives had mixed views on the level of involvement and communication received from the manager and provider about updates on both the service and the needs of their loved ones. When we asked a relative if they were asked for their views about the service and kept informed and involved, they told us, "This has been a little patchy and comes in fits and starts." They added, "I would say that they do encourage feedback and have every intention of implementation, but action points sometimes get lost in the day-to-day running of the business." Another relative said they felt they had not been kept updated during the covid-19 pandemic and would have found regular updates on the situation at the home reassuring. However, a third relative told us, "I find the management very approachable and am also asked for views even through the recent coronavirus crisis." These comments were shared with the provider and manager who acknowledged that due to the ongoing concerns at the service, recent changes in management and the restrictions in place due to Covid 19 communication with relatives may have declined. However, the provider and manager agreed to review this and planned to increase these communications in the future.
- Following the inspection we were advised that risk assessments to allow relatives to visit the home had now been completed and that email addresses for relatives had been sourced. We were advised that the manager would be contacting all relatives about the risk measures being implemented and the booking system to use to enable them to visit their loved ones.
- The service continued to produce a monthly newsletter which helped to ensure that people were kept up to date with changes in the home and upcoming activities and events.
- The provider and manager consulted people and relatives in a range of ways; these included quality assurance surveys and one-to-one discussions with people and relatives. A relative confirmed their loved one was involved in compiling their care plan and that they have been invited to meet with the management to discuss their relatives care.
- The manager and provider were working closely with health and social care professionals to improve the running of the service and the quality of the care provided.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed, unsafe medicines management placed people at risk of harm and the service failed to ensure people were provided with safe care and treatment.