

Mr Paul and Mrs Gloria Crabtree

# Park House Residential Home

## Inspection report

3 Worsbrough Village  
Worsbrough  
Barnsley  
South Yorkshire  
S70 5LW

Tel: 01226281228

Date of inspection visit:  
13 May 2021

Date of publication:  
08 July 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Park House Residential Home is a residential care home providing personal care to up to 20 people in one adapted building over two floors. There were 12 people living at the home at the time of our inspection.

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

There was a governance framework in place and some manager checks and audits had been undertaken, however the provider had not ensured these had been undertaken during the registered manager's absence. There was no evidence the provider had oversight of the service. Regulatory requirements, for example, the submission of change and absence notifications for registered persons had not been undertaken by the provider. People, relatives and staff all spoke highly of the acting manager and acting deputy manager. They found them open, approachable and responsive. The acting manager and acting deputy manager had identified and made some improvements.

Staffing levels were low. Not all maintenance checks on equipment had been completed as required. Infection prevention and control was well-managed, however the use of handwashing sinks in communal areas to clean commodes is not appropriate. There was no evidence incidents were monitored to learn lessons and implement improvements. Staff had received training on safeguarding and were aware of how to identify and raise concerns, however there was no record for tracking and monitoring safeguarding concerns.

We have made a recommendation about recording and monitoring safeguarding concerns. Good systems and processes were in place for medicine administration. Staff were trained but had not had their competencies checked.

Regular refresher training had not been provided, although it was recognised that this had now been sourced. Not all kitchen staff were aware of the dietary needs of some people. People's needs and choices were appropriately assessed and recorded. There was a good level of detail in handovers and checks. Involvement had been sought from health professionals and their advice recorded. People had consented to their care. 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. People's rooms were personalised and appropriate signage to support people living with dementia was in place.

We have made a recommendation about reviewing and considering implementing guidance in relation to the environment for people living with dementia.

People told us they enjoyed living at Park House. People were treated with kindness, respect and compassion. Staff were able to explain how they involved people in their care and support needs however this involvement had not been recorded, for example, when undertaking care plan reviews. Staff respected

people's dignity and privacy. People's independence was supported and encouraged.

Care plans recorded personalised care for each person. There had been no complaints, a complaints log was in place. People were appropriately and well-supported at the end of their life. Support had been sought to provide advanced care planning.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was inadequate (published 31 January 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook a targeted inspection (published 27 November 2020) to check what improvements had been made. We found the service was no longer in breach of regulations but was not able to provide a rating. This is because we only looked at the parts of the key question we had specific concerns about.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 31 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall but is rated inadequate in the key question of well-led.

#### Why we inspected

This was a planned inspection based on the previous rating.

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 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. The acting manager has already rectified some of the concerns we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

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

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

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

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 plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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.

#### Special Measures

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Park House Residential 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.

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

Two inspectors visited the service.

#### Service and service type

Park House Residential 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.

The service had a manager registered with the Care Quality Commission. 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. The registered manager had resigned in December 2020 and was no longer involved in the running of the home. An acting manager, supported by a part-time acting deputy manager, was managing the service, however this arrangement had not been made permanent.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with 13 members of staff including the acting manager, the acting deputy manager, senior care workers, care workers, domestic and kitchen staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 service to validate evidence found. We spoke with staff and relatives over the telephone.

# 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, where we were able to provide a rating, this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing levels were not adequate to ensure people received timely support. People told us they had to wait for staff to support them. Staff told us staffing levels were too low. Comments from staff included, "We are short-staffed", "We had to beg for staff during the Covid outbreak", "We need more staff; I feel I am rushing the service user", and, "It's quite hard to get people up in a morning as we're short-staffed". One staff member described how staff relied on two people with capacity to tell them if other people in the communal areas needed support.
- We observed there was not enough staff to support people according to their needs.

We found no evidence people had been harmed, however people were at risk because there was not enough staff to support them according to their needs. This is a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Pre-employment recruitment checks had not been fully completed and risks relating to this had not been assessed.

We found no evidence people had been harmed, however people were at risk because checks to ensure the service employed suitable staff had not been undertaken. This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- The acting deputy manager had recently revised staffing rotas to better provide an overview of staffing levels. Changes had been made to kitchen rotas to better support the nutritional needs of people.

### Preventing and controlling infection

- The home did not have an appropriate system in place for washing commodes. We discussed this with the acting manager. Following our inspection visit the local Infection Prevention and Control nurse had provided guidance which the acting manager had implemented.

We found no evidence people had been harmed, however people were at risk because processes to assess the risk of, and prevent, detect and control the spread of infection had not been appropriately applied. This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated



Activity) Regulations 2014.

- The home had good cleaning schedules in place, which were followed and recorded. Regular checks on these were undertaken by the acting manager.
- The home was odour-free and looked clean.
- We were not assured that the provider's infection prevention and control policy was up to date. We discussed this with the acting manager who arranged, with the provider, to update this policy.

We found no evidence people had been harmed, however people were at risk because the provider had failed to assess, monitor and mitigate the risks relating to the health and safety of people living at the home. This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had failed to ensure accident and incident monitoring had been undertaken during the absence of the registered manager.
- Processes were not embedded to ensure themes and trends were identified. There was no process for sharing lessons learnt. This meant people were placed at risk of harm as potential incidents may not be identified.

We found no evidence people had been harmed, however people were at risk because processes to mitigate future risks were not embedded. This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Accidents and incidents were recorded and monitored by the acting manager. These were reviewed by the acting manager.
- Staff were encouraged to report accidents and incidents; these were dealt with promptly by the acting manager who took appropriate action to mitigate any future risks.

Assessing risk, safety monitoring and management

- External contractors undertook regular servicing of the premises and equipment. However, checks on the lift and the stair lift had not been undertaken within required timescales. We discussed this with the acting manager who arranged for these checks to be completed. Thorough internal checks on the environment took place.
- Staff ensured information about risks to people were shared at staff handovers and in detailed communication books. However, some new kitchen staff were not aware of some people who had medical conditions controlled by diet. We discussed this with the acting manager who arranged for this information

to be provided.

We found no evidence people had been harmed, however people were at risk because the provider had failed to ensure that equipment was safe risks had been mitigated. This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Risks to people's safety were assessed, well-documented in care plans, and reviewed regularly, or when circumstances changed. Action to mitigate these risks took place and was well-recorded.

Systems and processes to safeguard people from the risk of abuse

- The home did not have a process for recording and managing safeguarding concerns. This meant the provider did not have oversight of any safeguarding concerns. We discussed this with the acting manager who agreed to put a safeguarding log in place.

We recommend the provider consider how to ensure they have appropriate oversight of safeguarding concerns and take action to implement this.

- Staff had been trained on safeguarding and were able to describe the signs of abuse. Staff knew how to raise safeguarding concerns and were confident these would be dealt with.
- Safeguarding concerns had been referred to the Local Authority.
- People told us they felt safe living at Park House. One person said, "I'm very happy here."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- Safe protocols for the receipt, storage, administration and disposal of medicines were followed. Regular checks were undertaken.
- The medicines administration record contained all the necessary information for staff to follow.
- People's allergies were documented and risks to people from these mitigated.
- Staff administering medicines had been trained, however regular training updates had not been provided. Refresher training had been sourced and was planned to take place in the near future.
- Staff had not had their competency checked. We discussed this with the acting manager who planned to undertake these for all staff administering medicines.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, where we were able to provide a rating, this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had failed to ensure staff had access to ongoing training and support. This is because the programme of training and support had not been continued during the absence of the registered manager. People were at risk of being supported by staff who had not received up-to-date training.

We found no evidence people had been harmed, however people were at risk because the provider had failed to ensure staff had received up-to-date training. This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Staff had received recent training in safeguarding, infection prevention and control and fire safety. Additional training had been recently sourced by the acting deputy manager and was planned to take place within the coming weeks.
- Staff had recently received supervisions and a programme of appraisals had been planned. During these staff were given opportunities to review their individual work and development needs. Training for specific roles had been identified and planned.
- New staff received a programme of shadowing as part of their induction and told us they felt well-supported. A more formal induction programme was planned to be introduced in the future.
- Staff told us they were well-supported by the acting manager and acting deputy manager.

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

- People were involved in decisions about the premises and environment. Individual preferences were reflected in the environment.
- People's rooms were highly personalised and communal areas contained individual items, such as books, newspapers and flowers.
- The home had signage suitable for people living with dementia. However, some aspects of the environment were not suitable for people living with dementia, for example, the carpets in some communal areas.

We recommend the provider considers the NICE guidelines 'Dementia: assessment, management and support for people living with dementia and their carers'.

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

- Care plans contained detailed information about people's care and support needs. People and relatives told us staff knew them well and understood their needs and preferences.
- People's care and support was delivered in line with current good practice guidance and was tailored to their individual needs.
- Assessments and reviews were comprehensive. The acting manager explained how they spent time speaking with people and involved them in their care needs, plans and reviews.

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

- People were encouraged to eat and drink and maintain a healthy diet. One person told us, "I'm very happy with the food. They ask us every day what food we would like and we choose. The cooks are good."
- The dining experience was very pleasant with appropriate background music. Tables were very well-presented and menu choices were displayed. People who chose to eat in their rooms had meals presented to them in the same manner as in the dining room with a well-ordered tray, crockery, cutlery and napkins.
- Staff offered a good variety of snacks and drinks throughout the day, including fresh fruit, which was served in china bowls and plates. Each person had a side table in the communal lounge where they could easily reach their drinks and snacks.
- People who needed support to eat received this from staff in a patient and unrushed manner.
- People who were at risk of malnutrition had this clearly identified in their care and support needs and this was closely monitored.
- The head cook was knowledgeable about people's likes, dislikes and special dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and care plans updated.
- The home involved people and their relatives, where appropriate, when discussing their needs with other services.
- People had access to community health services such as dentists, opticians and chiropodists.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to care was accurately recorded.
- Staff were able to give comprehensive examples of how they supported people within the MCA requirements, and how they involved people in day to day decisions about their care and support.
- Requirements in DoLS were followed and submissions for DoLS were made appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, where we were able to provide a rating, this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives provided consistently positive feedback about staff and the home. Comments from people included "The staff are very kind", and, "They (staff) are very considerate". A relative told us, "The care couldn't be any better. They do a marvellous job."
- Staff spoke about people with kindness and compassion.
- We observed warm and positive relationships between people and staff. Staff always spoke with people at eye-level and there was a good use of gentle touch to acknowledge and encourage people.
- Staff were mindful of people's emotional needs and knew how to support these individual needs.

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

- People and relatives told us they had been involved in making decisions about their care and support needs, where appropriate.
- Staff supported and encouraged people to express their views.
- Additional professional support had been sought to enable improved advanced care planning.
- People's emotional behaviour was closely monitored and assessed, with support being sought when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff had genuine concern for people and were keen to ensure their rights were upheld and people were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. Staff always knocked on people's doors and waited for a response before entering.
- Staff preserved people's dignity at all times taking time to ensure people's clothes were clean and their appearance well-maintained.
- People told us how staff promoted their independence. One person described how they were encouraged and supported to maintain their interests.
- The acting manager undertook a daily check, although this was not recorded, to ensure people were supported with dignity.

# Is the service responsive?

## Our findings

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

At the last inspection, where we were able to provide a rating, this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which reflected their needs and choices.
- Care plans contained a good level of detail to support staff to support people appropriately. These included details such as how people liked their hair and clothes, which toiletries they preferred, whether they preferred one or two pillows and a light on at nights, and which newspaper people preferred reading. We observed these preferences were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had a communication care plan. This documented communication aids and how staff should communicate with people.
- Information which was required to be shared with hospitals in the event of a hospital admission was clearly noted in people's care plans.

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

- People were supported to undertake activities which they enjoyed. One person told us, "I have enough to keep me busy. I'm never bored. We have bingo and quizzes. We have board games and we have a good laugh with those. We have skittles too."
- People had been supported to maintain good contact with friends and families throughout the pandemic. A relative told us, "Staff kept in touch. They were always very helpful. It couldn't have been better."
- One person had recently visited family at their home and enjoyed a take-away meal with them.
- Social support and activities were well-recorded and monitored to ensure people did not become socially isolated. People appeared to enjoy the company of others in the communal lounge and enjoyed chatting and laughing with each other and staff.

Improving care quality in response to complaints or concerns

- The home had a system for recording complaints. There had not been any complaints made.

- The acting manager had plans to ensure comments were also captured as well as complaints to ensure robust tracking of actions and improvements was undertaken.

#### End of life care and support

- People were supported and encouraged to make decisions about their preferences for end of life care. Staff approached these with sensitivity.
- Staff were compassionate to people's needs and facilitated visiting for relatives and friends.
- The acting manager had sought additional support from hospice nurses to improve advanced care planning.

# 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, where we were able to provide a rating, this key question was rated as inadequate. At this inspection this key question remained the same.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have a good understanding of their responsibilities. For example, they had not submitted statutory notifications as required, including about the absence of the registered manager.
- The provider had not provided any leadership or management of the service during the absence of the registered manager. For example, there was no evidence alternative management arrangements had been put in place.
- The provider had failed to ensure quality assurance had taken place. For example, audits and checks had not taken place for a period of over four months.
- The acting manager had not been appropriately supported to understand their role. This meant the provider had failed to ensure statutory notifications had been submitted as required.
- The current management arrangements were not robust. For example, the acting manager had not been provided with a contractual change in duties or interim job description.

We found no evidence people had been harmed, however people were at risk because the provider had failed to ensure quality performance and regulatory requirements had taken place. This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- Policies relating to equality characteristics were out-of-date and had not been reviewed recently. However, people living at the home had their equality characteristics encouraged and supported.
- The acting manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings took place for people and staff. Relatives confirmed the home had kept in contact with them throughout the recent pandemic.
- People were encouraged to participate in meetings and suggest agenda items or talk about what was important to them.
- Meeting minutes showed staff were able to raise queries and participate fully in meetings. Staff confirmed this.



### Continuous learning and improving care

- A residents' survey had been undertaken within the last 12 months, however analysis of this had not taken place. This meant the provider had not sought to understand and implement improvements.
- The acting manager and the acting deputy manager had identified required improvements to how the home is run, however some of the improvements had not yet been implemented.

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

- People, relatives and staff told us the home was well-managed. People and relatives confirmed they knew the provider and acting manager well. A person said, "The [acting manager] is very nice. She can't do enough for you. The [acting deputy manager] is very good as well. It all runs quite smoothly." A relative told us, "[Acting manager] couldn't have been any better, I think she's done a great job under difficult circumstances." Staff comments included, "[Acting manager] has been fantastic, she tries her best for everyone, she's always been there for us, [she] supports us all", and, "Brilliant, absolutely brilliant, so easy to go to if you've got a problem, doing a brilliant job".
- Staff told us they enjoyed working at the home. A staff member said, "I love [my job]."

### Working in partnership with others

- Staff worked as a team and sought involvement from others to ensure people were supported appropriately. Comments from staff included: "We've spoken about all the needs of (the people, we've) got to know them, seeing them daily and (we) get to know them all", "We're a good team and we help each other out", "Everything is well run and everyone is approachable", and, "Everybody works together really well as a team, I can see that already. I can see that the carers actually care".
- The acting manager actively sought support from more experienced managers.
- The acting manager had started to work with the Local Authority to facilitate further improvement in the home.

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  Reg 12 (1) (2) (e) The provider had failed to ensure equipment was safe for use. Reg 12 (1) (2) (h) The provider had failed to assess the risk of, and prevent and control the spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Reg 18 (1) The provider had failed to ensure there were sufficient staff to meet people's needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Reg 17 (1) (2) (a) The provider had failed to assess, monitor and improve the quality and safety of the services provided. Reg 17 (1) (2) (b) The provider had failed to assess, monitor and mitigate the risks relating to health, safety and welfare of the people living at the home.

### **The enforcement action we took:**

We issued a warning notice to the provider.