

# Nuvo Healthcare Limited

# Primrose Place

## Inspection report

34 Somerset Road  
Handsworth  
Birmingham  
West Midlands  
B20 2JD

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Primrose Place is a residential care home providing personal care for up to five people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were four people using the service. The care home is an older style building which has been adapted with accommodation set out over three floors.

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

People 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.

The provider's oversight of the service had not identified some of the shortfalls we found at this inspection. Systems and processes in place to monitor the safety and effectiveness of the service required improvement.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Relatives and staff told us that although people's needs were met in a timely way there could be a more holistic approach to activities and promoting independence. People were supported by staff who knew their choices and preferences. People's risks had been assessed; however, work was on-going as risk assessments and care plans were being updated and transferred to an electronic system. People were supported with their medicines safely.

### Right Care:

Staff received training to support people's individual needs. People were effectively supported with specific dietary needs. People were involved with menu planning and were offered choice, which was reflective of their preferences, including cultural dietary needs. However, some staff told us the choice could be limited at times due to waiting for the next food delivery. This was discussed with the provider who gave assurances and food purchase receipts to evidence they order adequate food but acknowledge the stock levels could look a little low whilst awaiting the next order. Food orders are placed twice weekly. Some staff felt that people would benefit from going food shopping to help with the promotion of choice and independence, the provider told us he was looking to introduce this again. This had stopped due to COVID-19 but since restrictions have been lifted some staff felt this would be beneficial to re-introduce. Staff took part in regular testing for COVID-19 although this is no longer a requirement. We observed staff respecting people's privacy

and dignity when providing care and support.

#### Right Culture:

The environment did not fully support people living with a learning disability or autism. The provider had not considered some improvement within the environment to enhance the lives of people such as; sensory items being easily accessible and out on display for those with sensory impairments, consideration to colours when decorating the home and cleanliness. Although there were contrasting colours for light switches, shelves and radiator covers, they were not uplifting and vibrant colours, they were dark and the dining area was bland and dull due to the décor. We saw the service worked closely with healthcare professionals. People were supported to access healthcare services as required and we received some positive feedback from the two healthcare professionals we spoke to.

The recruitment process was carried out safely. Staff had received training on how to recognise and report abuse and all felt confident in doing so. Staff were all aware of the whistleblowing policy and procedure should their concerns not be actioned appropriately.

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

This service was registered with us on 28 February 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 10 April 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Primrose Place

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Primrose Place is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Primrose Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. Both the registered manager and the nominated individual were present throughout the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced. We visited the service on 21 September 2022 and continued with reviewing information and calls to relatives, health professionals and staff which concluded on 27

September 2022.

#### What we did before the inspection

We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 members of staff including care staff, the registered manager, deputy manager and nominated individual. We spoke with two health care professionals who provided feedback on their experience of working with the provider.

We reviewed a range of records. This included care and medication records for four people. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, training and audits.

# Is the service safe?

## Our findings

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

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

### Preventing and controlling infection

- We were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely nor were we assured that the provider was preventing visitors from catching and spreading infections. We observed three staff members walking through the home, who were not wearing masks. This was not in line with current government guidelines. This was discussed with the nominated individual who said they would review this practice.
- We found PPE was not easily accessible when supporting people with personal care upstairs. There was not an allocated bin for safe disposal of used PPE and staff had to transfer used items downstairs, through communal areas, to dispose of these. This meant people could be exposed to cross infection from used products.
- We were not assured the provider was promoting safety through the infection control practices of the premises. This meant we could not be assured that the provider was supporting people living at the service to adequately minimise the spread of infection. Cleaning schedules did not demonstrate frequently touched areas and communal use items such as shower chairs were regularly cleaned. We found a build-up of dirt on bedroom doors, carpets and kitchen cupboards and thick dust on light shades.
- The chopping boards used to prepare food in the kitchen had deep score marks in them, this meant they could not be effectively cleaned.

The provider did not have effective processes and systems in place to ensure that all staff met their responsibilities in relation to preventing and controlling infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff.

### Visiting in care homes

- The provider had ensured visiting arrangements were aligned with government guidance. We did not observe any visitors to the service on the day of our inspection.

#### Assessing risk, safety monitoring and management

- Peoples Emergency Evacuation Plans (PEEP's) and the fire risk assessments, did not reflect the decreased staffing arrangements during the night-time period and full support needs of people during this time. PEEP's are documents which provide staff and the emergency services with guidance on support needs should an evacuation of the service be required. This meant if support was required to evacuate people from the building, emergency services may not have the correct information, to do so safely.
- We saw from fire drill records that not all staff had been involved in these and had not taken part in an evacuation. This meant the provider could not be assured staff knew how to follow correct procedures during an emergency. Staff we spoke with could tell us about how to evacuate the people living at the service.
- Environmental checks were in place, however during our inspection we found these were not effective as in the absence of the registered manager, such as at weekends, these checks were not completed. These checks had not been delegated to another staff member to complete and we found out of date food in the fridge which could have been used if not checked.
- We also saw evidence that food temperatures were not always recorded to ensure high risk foods such as meat were cooked to the correct temperature. The registered manager told us they were aware of this; however, this poor practice had been on-going for several months with no improvements noted.

The provider failed to ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They provided evidence that enhanced cleaning had been introduced, doors had been painted, carpet in the dining room and chopping boards replaced and dust had been removed from light shades. They also provided evidence that all the actions from the PEEP's and fire risk assessment were now completed.

- We found examples where risks in relation to people's care were escalated to the relevant healthcare professionals for advice and support. For example, where people were at risk of choking or had difficulty communicating.
- People's known risks were identified, and risk assessments were in place to provide staff with guidance on how to support people safely.
- Some people were at risk of developing sore skin. We found systems in place to record application of creams were effective.

#### Using medicines safely

- Areas of medicine management could be improved. For example, medicines should be stored in a way that means they are safe. However, the key to access the locked medicine cabinet was not stored securely. This meant untrained staff or visitors could have access to these prescribed medicines. The nominated individual told us they would change this arrangement to ensure the key could only be accessed by trained staff members.
- We also found gaps in the temperature recordings for the medication cabinet, although this was occurring infrequently. It is important that medicines are stored at the temperature stated by the manufacturers to ensure they remain effective.



- For people who were prescribed creams, we saw these were not always dated when opened to ensure they were not used past the recommended time once opened. We also found that there were body maps in place in the Medicine Administration Records (MAR), however, these were not completed to provide staff with clear instructions on when, where or how the creams should be applied.
- Systems were followed for ordering and receiving medicines. MAR were in place. Protocols to provide staff with clear guidance when administering medicines prescribed to be taken, 'as and when required' were also in place.
- Staff had received medication training and competency assessments were in place to assess whether they were following safe practices.

#### Staffing and recruitment

- A relative and a staff member shared concerns about staffing levels and felt this impacted on being able to support people with promoting independence and taking part in more meaningful activities, to include longer trips out during the day. Staff told us they used to have an additional staff member which had now been reduced. However, during the inspection the provider demonstrated the staffing levels were accurate for the assessed dependency of people using the service. We observed people being supported to meet their day to day needs.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable to work in the home. This included, references from previous employers, and disclosure and barring services checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were able to describe signs of abuse and what action they would take. Staff understood how to protect people and told us who they would contact if they had concerns. One staff member told us, "I would speak to the manager, make sure I have enough information and refer this to the manager with my concerns. I would give the manager time to act on my complaint, if they did not do anything, I would report to safeguarding and local authority."
- Safeguarding concerns had been escalated to the local authority, and the registered manager had also liaised with the appropriate health professionals.

#### Learning lessons when things go wrong

- The provider had systems in place to review and take learning from safeguarding concerns, incidents and accidents.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training to meet the needs of people they supported. However, one staff member told us they felt they had not been supported to develop their skills to effectively carry out their role. They told us, "I need more responsibility and mentoring to develop into the role I have been given and support the registered manager and I haven't had that." The registered manager accepted they needed to provide protected time to help develop and support senior team members. Due to staffing at the service it had not always been possible to spend time with them.
- Relatives and health professionals we spoke with were complimentary about the staff and felt they had the skills and training to support people safely.
- All staff told us they had received an induction when they joined the service. We saw the induction was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff we spoke with told us they received regular supervisions, during which they discussed training needs.

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

- People had nutritional care plans in place. These detailed the person's nutritional needs; any specific requirements and what staff were required to do to meet them.
- Picture menus had not been developed to support people who were unable to communicate verbally, with choosing their meals. The registered manager said this is something they would consider.
- Some staff told us they felt at times there was not much choice to offer people, particularly when they were expecting a food order. The nominated individual recognised this and spoke about increasing the frequency of shopping to three times a week, however food orders placed demonstrated there was a good quantity and varied selection of foods ordered.
- We saw evidence that people were involved in weekly menu planning during which they had the opportunity to choose meals they would like that week. These menu choices evidenced a varied and balanced diet was provided. A relative also confirmed this took place, they told us, "The food is good. They [care staff] do a new menu each Sunday and [Name] is supported to say what they want."
- People were observed to be supported with meal and drink choices throughout the day, including snacks.
- Staff monitored people's weight. Where people were at risk due to weight loss, this had been identified and the registered manager had sought advice from a dietician.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded, and they had updated hospital passports to aid a smooth transition to hospital, should this be required. Care records included details about people's medical history and ongoing health needs.
- Relatives told us people received appropriate support when needed which included the GP, dentist, optician and other health referrals when required. A relative told us, "They take him in the car if he needs to go to an appointment. The manager called me to say they needed a dental appointment and they have booked this."
- The registered manager involved health and social care professionals when needed and responded to recommendations from them. One healthcare professional told us, "They involve all professionals in [Name] care such as best interest meetings for dental and getting the right decisions for them." Another health professional told us, "The service is responsive to any changes in service users' needs and they seek timely guidance and support."

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

- Although the provider had commenced some updating and decoration, further work was required to ensure the environment was more reflective of people's individual needs.
- An audit of the environment, which was completed by the registered manager, did identify some of the areas of improvement required. The provider also had an improvement plan in place for some improvements in the service. They told us they found it difficult to decorate when people were in the service due to paint drying times and the impact this has on people not having access to all areas of the service. However, the nominated individual told us he was exploring alternative materials to allow the decoration to take place whilst not impacting on people in the service.
- Most staff we spoke with felt more work was needed to update the decoration to make it homelier and bring it up to date. Some staff felt the garden could be developed more to include more activity items. One also told us the summerhouse, which was currently used for storage, would make a good additional space to take people if the weather was not nice, so people could still go outside.
- People and relatives told us that they were happy with their bedrooms and the felt the environment was good. Bedrooms were personalised and people using the service knew where their rooms and communal spaces were.
- We saw people had access to the garden which had items such as a swing for people to use and a seating area.

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

- Relatives told us they were consistently involved with care reviews and developing the care plans. One relative told us they attend the staff meetings to discuss the support their loved one received and provided feedback to help develop their care plan and support needs.
- Relatives and health professionals told us they felt people's choices and preferences were known and met by staff who knew people well.
- Care plans and risk assessments were reviewed and kept up to date. The provider was in the process of transferring these onto the electronic care planning system. The registered manager told us how they were planning to use the system to give relatives access to these records remotely, once all had been transferred.
- Where people had specific dietary or sensory needs these were recorded in their care plans and staff were knowledgeable about these.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had made referrals and applied for appropriate authorisations in a timely way. This meant people were not deprived of their liberty unlawfully. However, some staff we spoke with could not tell us if anyone using the service had a DoLS in place but could tell us how they would find out this information.
- When a DoLS authorisation were in place for a person this information was held and recorded within their care file.
- All staff confirmed they had received MCA and DoLS training and records demonstrated this. During the inspection, we saw staff asked for people's consent before commencing any support tasks.
- We saw that people were free to move around the home un-restricted and the least restrictive practices to keep people safe were implemented.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- Risk assessments and care plans were in place to provide clear guidance for care staff to follow. This included information for people who required specific equipment to monitor their health conditions and to help promote independence.
- Relatives we spoke with told us they felt people were supported to promote their independence.
- Some staff felt more could be done to give people the opportunities to become more independent but felt they needed more staff to do this. Records we looked at demonstrated the staffing levels were reflective of people's assessed needs.
- People and relatives told us that staff treated them well and were kind and caring. We saw kind and caring interactions between people and staff.
- People were clearly comfortable and relaxed around staff members and were confident to make requests, which were responded to. Throughout the day we saw people engaging in communication, smiling and laughing.
- One relative told us, "The staff are very caring, [Name] is in safe hands." Another told us, "They [care staff] are very polite and pleasant and always talk to you, they look after [Name]."

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

- There was evidence to demonstrate people's views were considered. Quality assurance questionnaires had been sent to people, relatives, health professionals and staff and the nominated individual had analysed the responses and acted in response to the feedback.
- The registered manager held formal care reviews every six months and relatives confirmed they were invited to participate in these with their loved one and key worker, to help improve care planning and independence.
- Relatives were also invited to participate in staff meetings. One relative told us they have been attending the meetings, during which they could discuss their loved one's support, needs and wishes.
- People's care records demonstrated people were given a choice around what time they got up and went to bed and could choose what they wanted to eat.
- For one person who was unable to express their views verbally there was a communication board to help them to do this, which included pictures.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- We saw people enjoyed the activities which were on offer during the inspection as they were engaged. There was a structured activity plan for staff to refer to for guidance on what activities to support people with each day, however, some staff felt this was repetitive and people would benefit from more varied activities. This was discussed with the registered manager and nominated individual who told us the plan was for guidance and not set in stone. They also told us they would review these as part of the keyworker process when receiving feedback and suggestions from each person's keyworker.
- People's diverse and cultural needs were known, with clear guidance for staff to follow. People were supported to visit their preferred place of worship, which was important to them.
- In addition to the care staff supporting people, we also observed the registered manager and nominated individual supporting people with their needs to ensure staff had time for trips out and for activities to take place.
- One person enjoyed listening to music and singing and had support to engage in these throughout the day. All people were supported to engage in the community, go shopping, attend the gym, swimming, disco's, singing lessons, go on an annual holiday and to other places of interest. They were also supported to maintain communication and close links with loved ones and others who were important to them.
- Relatives told us they felt there was enough activities to keep people occupied. A relative told us, "We now have a fairly structured week and sometimes [Name] chooses not to go, that is their choice." Another relative said, "They take [Name] lots of places, in the car, on the bus they keep them occupied and they go out every day."

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

- All relatives told us they had been involved in a care review and had the opportunity to discuss their loved ones care, and they and the person were able to contribute to their care and support plans.
- A relative told us, "They [registered manager] did a review a few months ago, we talked about [Name] care needs, food and things they like to do."
- The registered manager told us they wanted to continue to develop the care reviews and make improvements following the implementation of the updated keyworker system.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the requirements of the AIS and was able to describe how they would take steps to provide information in alternative formats if needed.
- There was information provided in picture format including a communication board to support clear communication. However, the menus did not have accompanying pictures.
- People with impaired vision were supported by staff who communicated information of interest or importance verbally, where appropriate.
- We observed staff interacting and communicating with people in their preferred way.

#### Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a complaint if needed and they would speak to the registered manager or provider.
- One relative told us they had raised many concerns with the registered manager but felt they did not always take timely action to address these and provide feedback on actions taken. However, they told us the nominated individual had been supportive in recent months and things had improved. We saw these complaints had not been recorded in their complaint's records but there was evidence that regular communication had been held with the relative.
- Other relatives told us, "I have never had to raise a complaint. If I did and was not happy with the response, I would contact the social worker."

#### End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- The registered manager had liaised with relatives to explore people's end of life wishes and needs and had developed care plans to support these. This meant when the time came and people did need end of life support, this information was already available to staff to provide guidance, ensuring people's wishes were followed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- At the inspection we found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. The provider had processes in place that identified some of the issues highlighted in the inspection, however, the processes had not been effective in ensuring action was taken in a timely way.
- Actions had not been taken by the registered manager to ensure the systems and processes were robust and operated effectively, for example; not all staff had been involved in fire drills as detailed in the providers own policy, the fire risk assessment and PEEP's did not reflect the reduced staffing levels at night and the safe evacuation process; they had not recognised that the storage of the medication key was not safe.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify and act on some of the concerns we found during the inspection. For example; where staff had failed to record food temperatures, this continued without improvements being made. These audits still required some development to ensure they were effective.
- The registered manager and nominated individual had failed to recognise the risks or act on staff entering the building without wearing PPE and walking past people in communal areas to gain access to the office, was placing people at risk from cross contamination.
- The registered manager and nominated individual had failed to assess the risk of not having an allocated area upstairs for storage and disposal of used PPE and other products following people's personal care and support.
- Equipment which was not included on the cleaning schedules had not been identified by the infection prevention and control audit. The audit failed to identify the concerns we found on the day of the inspection. This included where standards of cleaning and hygiene needed to be improved, the lack of pedal operated bins located at the point of use for PPE and very worn chopping boards which could not be effectively cleaned.

The provider did not demonstrate effective governance, including quality assurance and auditing systems or processes. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the registered manager and nominated individual had made some changes following the inspection, based on our findings, these changes had not had chance to be tested and embedded to assess their effectiveness. We found no evidence that people had been harmed however, systems were either not in



place or robust enough to demonstrate the service was well managed. This placed people at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most staff we spoke with told us they felt supported by the management team, however, some told us that they did not.
  - All staff told us they had the opportunity to make suggestions, but we received mixed feedback as to whether they felt they were listened to and their suggestions acted on.
  - Regular care reviews took place which included involvement of the person, their relative or advocate and keyworker to enable people were empowered to make decisions and choices.
  - Two people who needed additional, impartial support to make choices and decisions, were allocated an advocate to help them express their views and wishes, act in their best interests and stand up for their rights.
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- The registered manager and nominated individual were open and transparent during the inspection. They recognised that further improvements were needed and demonstrated a willingness to listen and improve by making some changes and acting on areas of concern we identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a registered manager in post. The registered manager was aware of their responsibilities including those under the duty of candour. Statutory notifications [notices registered providers must send to notify CQC about certain changes, events and incidents that affect their service or the people who use it] had been submitted to the CQC promptly.
- Staff understood their roles and were clear about when and how to raise concerns.
- We saw evidence that when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes.

Continuous learning and improving care

- The provider and registered manager were part of local and national networks to support them in keeping up to date with changing guidance. This meant they were able to ensure staff members were adhering to current guidance and best practice.
- The nominated individual told us they had recently engaged with a consultancy service to help them in the development of their care plans, risk assessments and policies and procedures which they were transferring to an electronic system from paper based records. A consultancy services is a service provided by a professional expert who provides expert advice and guidance.

Working in partnership with others

- The registered manager and provider sought guidance and advice working with external agencies to provide good care. For example, the service had sought advice from healthcare professionals which promoted positive outcomes for people. Two health and social care professionals we spoke with told us the manager and care team worked with them and implemented change where needed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes were effective and operated robustly to ensure the safety of people using the service.</p>