

DTM Partnership

# Springfield Cottage Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Springfield Cottage Residential Home is a residential care home providing accommodation and personal care for up to a maximum of 26 people in one adapted building. The service specialises in providing care for older people and people with dementia. There were 25 people living in the home at the time of the inspection.

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

We found shortfalls across the operation of the home, including the management of risk and medicines, the environment, the application of the Mental Capacity Act, the quality of the service and care provided and the governance and record keeping systems.

Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. Staff raised concerns about the staffing levels and we noted there were times when the lounge area was unsupervised. We were assured the deployment of staff will be considered. There were appropriate arrangements for the recruitment of new staff. There were shortfalls in some people's care plans and risks to people's health safety and well-being had not always been assessed and recorded. Most areas of the home had a satisfactory standard of cleanliness; however, we observed some shortfalls in people's bedrooms. Medicines were not always managed safely.

People were not always appropriately supported during mealtimes. We noted people were served meat which was very difficult to eat. We also observed the full meal service could not be completed because there was a shortage of plates. New auditing systems were introduced to minimise a reoccurrence of this situation. People were not always supported to have maximum choice and control of their lives and staff were not always aware of the least restrictive way of care; there were policies and systems in the service to support staff. We found there were no supporting care plans in relation to Deprivation of Liberty Safeguards (DoLS) and applications had not always been made when the DoLS authorisations had expired.

There were limited adaptations to the environment to support people's needs. 11 people were unable to have a bath or shower due to the lack of suitable facilities. The provider assured us a new wet room would be installed. Staff had access to the provider's online training which was refreshed at regular intervals. An agency worker new to the home had not had an induction or introduction to the home, so they may not have been aware of the safety procedures. People were supported to access healthcare services.

People told us the staff were caring and kind. However, people were provided with limited opportunities to express their views and there was no evidence of people being involved in the care planning process. People's dignity was not always promoted and maintained. We observed people's bedrooms were not always well presented and the laundry was disorganised. We received information following the inspection, to assure us this situation was being addressed and the laundry room had been tidied.

People's care was not always planned to meet their needs and preferences. Many of the care plans had not been reviewed and updated and lacked important information about people's care. The management team were in the process of updating all the care plans. There were limited opportunities for people to participate in activities.

Whilst the provider had a schedule of audits and auditing tools, most audits had not been completed since May 2022. This meant there had been no effective systems to monitor and improve the quality of the service and shortfalls identified during the inspection had not been identified and addressed. We also found there were no completed provider audits or oversight reports. People were given limited opportunities to express their views. Whilst a satisfaction survey had been carried out, there was no evidence of any residents' meeting during 2022.

The manager and deputy manager were new to their roles. They were committed to making improvements to the service and had plans to improve people's quality of life and the standards in the home. Following the inspection, the provider sent us an action plan in response to the findings along with additional supporting information. We will check any improvements on our next inspection of the home.

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 the last inspection

The last rating for this service was requires improvement (published 5 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of staff, staff training, person centred care, the management of medicines, the environment and the management of the home. A decision was made for us to inspect and examine those risks.

We also followed up on the 4 recommendations made at the last inspection, in respect to the management of medicines, the application of the MCA, documentation in relation to end of life care and the development of the governance systems.

We have found evidence the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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.

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risks and medicines, the facilities and equipment, the application of the Mental Capacity Act and the governance and record keeping systems. We also made recommendations about ensuring people are given opportunities to participate in activities.

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Springfield Cottage 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 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

An inspector and an expert by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector visited the service on the second day.

#### Service and service type

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

#### Registered manager

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

At the time of our inspection there was not a registered manager in post. The newly appointed manager told us she intended to apply for registration.

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 7 people living in the home, 7 relatives, 4 members of care staff, the cook, the maintenance officer, the deputy manager, the manager and 2 partners. The home is registered as a partnership between 5 equal partners. We also spoke with a visiting healthcare professional.

We had a tour of the building with the manager and reviewed a range of records. This included 4 people's care documentation, 2 staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

#### After the inspection

The provider sent us an action plan in response to the findings of the inspection and additional information on actions planned and taken since our visit.

# Is the service safe?

## Our findings

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

At our last inspection, this key question was rated as requires improvement. At this inspection, the rating has remained 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.

### Using medicines safely

At our last inspection, we recommended the provider consider current guidance on managing medicines and update their practice. The provider had not made improvements.

- People's medicines were not always managed and stored safely. We noted two prescribed creams had been left in one person's ensuite facility and there were shortfalls in the medicines administration records (MAR).
- The MAR charts had not always been fully completed with the person's full name and the dates of administration. There were no instructions seen to guide staff in the application of prescribed creams and protocols for the administration of 'as necessary' and variable dose medicines were not accessible to staff at the time of the inspection.
- According to the MAR charts there were gaps of several days in the administration of prescribed creams.
- Staff told us they had completed medicines training and had received a competency check of their practice. However, we found they were using an ineffective method of checking the temperature of the medicines' fridge.
- Whilst the manager was due to implement a new stock check record, there were no recorded audits of the medicines seen since May 2022.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us an action plan which detailed their intended actions to improve the management of medicines.

### Assessing risk, safety monitoring and management

- People were at risk from inconsistent and unsafe care. We found risks had not always been identified and assessed including falls risks. We also found risk assessments had not always been updated to reflect current needs and circumstances. This meant risk management strategies were not always available to provide guidance for staff.
- There were some environmental risk assessments including an up to date fire risk assessment, however, the risks associated with uneven surfaces and the lack of lighting outside the home had not been considered. We also noted one person's bed rails were not fitted with protectors, which increased the risk of entrapment.



- Staff told us they completed records designed to monitor risks retrospectively due to a shortage of time.
- A business continuity plan was not available at the time of the inspection. This meant staff may not be aware of the provider's contingency plans in the event of adverse circumstances.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date.

Following the inspection, the provider sent us an action plan setting out their actions and plans to improve the management of risk. They also sent us photographic evidence of new lights installed outside the home and a copy of the business continuity plan.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had completed training and were aware of the reporting procedures.
- People told us they felt safe in the home. One person told us, "I think I am safe. The staff are very nice to me." Relatives had no concerns about their family members safety. One relative commented, "The reason my [family member] is living here is for her safety. So far, I have no concerns about them."
- Staff had maintained a record of accidents and incidents as part of the electronic care planning systems and made referrals to the local authority. Whilst it was possible to generate a log of the accidents and incidents, it was unclear what action had been taken following accidents.
- There was no analysis seen of the accident and incident data to check for any patterns or trends. This meant it was difficult to determine any lessons learned.

Following the inspection, the provider assured us an analysis would be undertaken a monthly basis, as part of a provider oversight report.

#### Staffing and recruitment

- There were suitable arrangements for the recruitment of new staff. Appropriate checks had been carried out before new staff started work in the home. The provider had recently introduced an electronic recruitment system to further strengthen the process.
- Staff raised concerns about the staffing levels. They told us they were often short of time to carry out their tasks, particularly as there were 2 staff on duty from 8pm. We also observed there was no staff member supervising the lounge for most of the morning on the first day of the inspection.
- We noted dependency assessment tools, designed to monitor staffing levels had not been recently completed.

Following the inspection, the provider assured us the deployment of staff had been reconsidered in an evening and the shift patterns would be assessed over time.

#### How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Whilst most areas had a satisfactory standard of cleanliness, we observed staff had left soiled items in a person's room, a set of drawers was dirty and a person's bed linen was marked.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with government guidance. We observed visitors talking with people in the home during the inspection.

# 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 our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection, we recommended the provider consider current guidance on the MCA and update their practice accordingly. The provider had not made improvements.

- The provider was not always working within the principles of the MCA. We noted mental capacity assessments had not been carried out, 2 people's DoLS authorisations had expired and further applications had not been made and there were no supporting care plans setting out the least restrictive options of care. The management team were not aware of any conditions related to the DoLS authorisations.
- We also noted there was no documentation or care plan to support the covert administration of a person's medicines.

The provider had failed to act in accordance with the MCA. This is a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed training on the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.

Following the inspection, the provider sent us an action plan, which confirmed appropriate applications would be made to the local authority and the manager had begun work on people's care plans.

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

- People were not provided with suitable facilities to meet their needs. There were limited adaptations for people with dementia and 11 people were unable to have a bath or shower due to the lack of facilities to meet their needs. At our last inspection, the provider had plans to convert a bathroom to a wet room, at this inspection the work had not been carried out.
- Some bedroom doors were fitted with locks, however, there was no master key readily available to staff. This meant there was the potential for people to lock the door from inside the room and staff would have difficulty gaining access.

The provider had failed to ensure the premises and equipment were suitable to meet people's needs. This was a breach of regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service is provided in a detached building set in its own grounds. The provider had arrangements for ongoing maintenance and repairs.

Following the inspection, the provider sent us an action plan which stated they were waiting for a third quote to convert the bathroom into a wet room. We will monitor this issue with the providers. The provider also informed us if a master key was not available the bedroom doors would be fitted with new locks.

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

- People were not always appropriately supported at meal times. We observed lunch on the first day of the inspection and noted people were served meat which was very difficult to eat. One person told us, "The meals vary a lot. Today the meat is not fit to eat. This is my lunch and I should be able to enjoy it, but I didn't."
- We observed staff were unable to complete a full meal service because they ran out of plates and people had to wait while staff washed plates to enable them to serve the meal to everyone.
- We saw a person had a full meal next to them after 2pm and another person had an uneaten dessert. We also observed a person was given a tray which they balanced on a pillow on their knee. We intervened to stop the meal falling on the floor.
- We discussed our observations with two partners and the manager, they took action to minimise the risk of this situation reoccurring.

Following the inspection, the provider sent us an action plan, which stated people will be offered a choice of meals each day and a monthly kitchen audit had been implemented.

Staff support: induction, training, skills and experience

- The provider had arrangements to provide staff with training and support, which included mandatory training online which was refreshed at regular intervals.
- However, we noted a new member of staff's training had not been recorded on the training records and it was unclear how staff competency was checked as part of the care certificate. The care certificate is a nationally recognised qualification for staff new to a health or social care setting.
- A member of agency staff new to the service on the first day of inspection, had not received an introduction or induction on the safety procedures in the home. We also noted, there was no profile information for the agency staff member. The deputy manager agreed to obtain this information from the agency for all new staff and ensure all agency workers were aware of the policies and procedures in the home.
- There was limited evidence to demonstrate staff had received a supervision and there were no records of

recent appraisals. The manager explained, she was in the process of inviting staff to supervision meetings.

Following the inspection, the provider sent us an action plan to set out their planning actions to improve the processes in relation to staff training and support.

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

- Information gathered as part of the preadmission process was not available at the time of the inspection and was not recorded as part of the electronic care planning system. This meant staff may not have been aware of people's needs and choices on admission to the home. The manager assured us all future preadmission assessments of need will be recorded and inputted on the system.
- The manager explained people were welcome to visit before making the decision to move in.

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

- People were supported to access healthcare services. One person told us, "If I need a doctor the staff sort it out." We spoke with a healthcare professional during the inspection who provided us with positive feedback about the service.
- People's healthcare needs were not always documented in their care plan. The deputy manager was in the process of adding these details at the time of the inspection.
- The manager and staff worked with other agencies and shared information when people moved between services such as admission to hospital or attendance at health appointments.

# 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 our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's rights to dignity and respect were not always promoted and maintained. We observed people's bedrooms were not always well presented. Some bed linen was discoloured, and one person's bed frame was worn and chipped. We also noted the laundry was disorganised and in disarray. The provider and manager took immediate action to address these issues. We were sent photographs following the inspection to demonstrate the laundry had been tidied as well as confirmation new bed linen had been ordered.
- People were afforded privacy in their bedrooms and some rooms had ensuite facilities.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

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

- People were not always supported to express their views.
- Whilst people reported staff were kind and respectful, they told us the staff were often busy. One person said, "I sometimes wait a long time for help. The girls are nice, just not enough of them" and a family member commented, "The staff treat my [family member] with care and dignity. Time is not always on their side, but they do try hard."
- Staff consulted people about their day to day choices, however, we saw no evidence to demonstrate people were involved in making decisions about their planned care.

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

- People were well treated, and staff were caring. People were complimentary about the approach taken by staff. One person said, "I don't know what I would do without the girls. They are so kind to me." Relatives also praised the staff, one relative told us, "I always find the staff lovely and pleasant with both me and my [family member]."
- We observed sensitive and caring interactions between people living in the home and the staff throughout the inspection.
- Staff spoken with during the inspection, understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's needs and had built positive relationships to support them.

# Is the service responsive?

## Our findings

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

At our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's care was not always planned to ensure all their needs and preferences were met.
- The provider had arrangements for developing individual care plans, however, the plans had not always been reviewed and updated. We noted many of the plans were brief and lacked details about people's needs and preferences. The manager and deputy manager were working to update people's care plans at the time of the inspection.
- Staff were completing daily records as part of the electronic care plans using a system on their personal mobile telephone. Whilst they could only access the system on the premises, there was the potential for the system to be misused as they had access to the full function of their telephone without any checks.

Following the inspection, the provider sent us an action plan which confirmed the management team were continuing to update the care plans and new devices had been ordered to enable staff to complete daily records without using their personal telephones.

End of life care and support

At our last inspection, we recommended the provider continued to develop their response to end of life care in line with current recognised guidance. The provider had made some improvements.

- There were arrangements for people to discuss and record their end of life wishes as part of the electronic care plans, if they chose to do so. None of the people living in the home were in need of end of life care at the time of the inspection.

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 not always supported to take part in meaningful activities.
- We saw no activities during the inspection which meant there were few changes in people's lives. A relative told us, "Activities are very minimal, if any. This is an area they could improve on."
- People were supported to maintain relationships with their family and friends.

We recommend the provider considers current guidance to ensure people are able to take part in activities that are socially and culturally relevant to them.

Following the inspection, the provider sent us an action plan which set out their plans for a member of staff to coordinate an activity for an hour a day.

### 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.

- People were not always fully supported with their communication needs.
- According to one person's care plan they used picture cards to help them communicate with others along with other methods of communication. However, there were no picture cards available.
- The manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or in a pictorial format.

Following the inspection, the provider confirmed appropriate picture cards were being produced.

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

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- Whilst the provider had carried out investigations following complaints about the service, there were no records of complaints seen during the inspection. It is important to maintain an overall record so the information can be analysed for any patterns or trends.



# 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 our last inspection, this key question was rated requires improvement. At this inspection the rating has changed to inadequate. 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.

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

At our last inspection, we recommended the provider continued to review, develop and embed their quality monitoring systems. The provider had not made improvements.

- The provider had systems and processes to assess and monitor the service and had developed a schedule of audits. However, most audits had not been carried out since May 2022 and the new manager was not familiar with all aspects of the auditing systems.
- We found shortfalls in the quality of the service in relation to the management of risks and medicines, the application of the Mental Capacity Act, the lack of facilities and equipment, the lack of activities and the completion of records including maintaining up to date care plans. This has resulted in 5 breaches of the regulations as well as other shortfalls across the operation of the home.
- Whilst a partner explained about the auditing and oversight process. We saw no completed provider audits or oversight reports at the time of the inspection.
- We noted there were four incidents which had not been notified to the commission. The incidents had been submitted to the local authority and other agencies as appropriate. The manager submitted the notifications immediately after the inspection and the partners ensured policies and procedures were updated to ensure there is no reoccurrence of this situation.
- Given the findings of the inspection and the absence of effective audits it was difficult to determine continuous learning and ongoing improvement at the time of the visit.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. These findings constituted a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and deputy manager were new to their roles and assured us they were committed to making the necessary improvements to the service. The partners also spoke of their commitment to improve the service and standards of care.

Following the inspection, the provider sent us an action plan in response to the inspection findings. This set out their intended actions to improve the service and their new arrangements for provider oversight. We will

check any improvements on our next inspection of the home.

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

- People told us they were consulted and involved in daily aspects of their care. However, we saw no evidence of any residents' meetings during 2022. This meant people had limited opportunities to express their views about life in the home.
- We were sent evidence of satisfaction surveys and action plans following the inspection. The provider informed us the surveys will be repeated every six months.
- The manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the development of the service.

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

- People living in the home, their relatives and staff were complimentary about the manager and told us she was approachable and supportive.
- The manager and deputy manager promoted a positive open culture. They worked alongside care staff as necessary, which meant they had a good understanding of people's needs.
- The management team shared their commitment to achieving good outcomes for people living in the home. They told us about work they had carried out to improve people's circumstances, this included making referrals to various professionals.
- The manager understood her responsibility under the duty of candour.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to act in accordance with the Mental Capacity Act. (Regulation 11 (3)).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the proper and safe management of medicines. (Regulation 12 (g)).  The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. (Regulation 12 (1) (2) (a) (c)).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the premises and equipment were suitable to meet people's needs. (Regulation 15 (1) (e)).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate effective systems to assess, monitor and improve the

quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. Regulation 17 (1) (2) (a) (b) (c)