

## South East London Baptist Homes

# The Elms

### Inspection report

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Date of inspection visit:  
21 May 2021  
03 June 2021  
13 July 2021

Date of publication:  
09 September 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

People and relatives mainly spoke positively about the quality of care and the kindness of staff. However, systems to safely recruit staff were not sufficiently rigorous which placed people at risk of receiving care from staff with unsuitable experience and backgrounds.

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

People and relatives mainly spoke positively about the quality of care and the kindness of staff. However, systems to safely recruit staff were not sufficiently rigorous which placed people at risk of receiving care from staff with unsuitable experience and backgrounds.

Some improvements had been achieved in relation to how people were supported with their medicines; however additional areas of improvement with medicine practices were needed to ensure people's safety.

Improvements were needed to the infection prevention and control practices to consistently ensure people's safety.

People were supported by staff who understood how to protect them from abuse and harm. Allegations of abuse were reported to the appropriate authorities.

Risks to people's safety were identified and guidance was developed to address these risks.

People received care that was personalised and planned in accordance with their needs and wishes.

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.

Staff received training and support from the provider to meet people's needs, although there were mixed views from staff about the quality of support and guidance.

People and relatives told us the management team were approachable and responsive.

Monitoring and auditing systems were in place to identify and remedy any issues with the quality of the service. However, we found shortfalls across a range of areas including medicine management and staff recruitment which were not identified by the provider's own quality assurance checks.

The registered manager was provided with additional support and mentoring since the last inspection to carry out their responsibilities. Findings at this inspection demonstrated this was an on-going need.

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 rating for this service was Inadequate (published 30 December 2020) and has been in Special Measures since this date. There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve and by when. During this inspection the provider demonstrated some improvements have been made and they have met some of the breaches of regulation. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection and confirm they now met legal requirements. This focused report covers the entirety of the key questions Safe and Well-Led but only parts of the key questions Effective and Responsive, which were found to be in breach of regulations at the last inspection. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. Please see the safe, effective, responsive and well-led sections of this full report.

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

### Enforcement

We have identified continued breaches in relation to the recruitment of staff, management of medicines, infection prevention and control practices and the provider's own monitoring and auditing of the quality of people's care and support. We have issued a Warning Notice for the repeated breach of Regulation 17 (Good governance). 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.

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

### Follow-up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Elms

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two inspectors and an inspection manager. The service was visited by two inspectors. Following the site visits, telephone calls to relatives of people who used the service, care staff and the local authority were carried out by an inspector and inspection manager.

#### Service and service type

The Elms 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 21 May 2021 and ended on 13 July 2021, following a remotely held feedback session to the provider. We visited the care home on 21 May and 3 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including the monthly action plans updates we had asked the provider to submit. Since January 2021 we met each month with the registered manager to review their progress with their action plan. We also reviewed notifications from the provider, which is information about important events which the provider is required by law to send us. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with four people who used the service about their experience of the care and support provided. We also spoke with the registered manager and a senior care worker.

We reviewed a range of documents which included five people's care plans, the accidents and incidents log, medicines administration records and five staff recruitment files. We also reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with the relatives of eight people and with six members of the staff team. We sought and received the views of the local authority contract manager and the GP for the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 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

At our last inspection the provider did not always demonstrate safe recruitment practices for appointing new staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Recruitment practices were not sufficiently robust to ensure people were always supported by staff with suitable backgrounds and experience to work at the service. At our last inspection we found issues of concern in all of the recruitment folders we checked, for example an employee was appointed with one reference instead of two. At this inspection we found that although a new staff member was recruited with two references, there was no reference from their most recent employer which was a health and social care provider.
- At this inspection we found unexplored gaps in the recruitment files for two staff members and there was no employment history on file for a third staff member. There was no record to show that one reference without a company letterhead or stamp was verified for authenticity by the provider. The file for one employee did not contain evidence they had the right to work in the UK although this absence of documentation was rectified during the inspection.

Safe staff recruitment systems to protect people were not always demonstrated. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they thought staffing levels were usually acceptable and there were enough staff to safely meet their needs, although they sometimes experienced delays waiting for support during busy times of the day. We received concerns from people and staff in relation to the staffing numbers on night shifts. Two waking staff were presently employed and there were apprehensions from people and staff this was insufficient and needed to be reviewed, particularly as the service progressively admitted new people. The registered manager informed us night time staffing levels were being kept under review.
- At the last inspection we had noted the registered manager and deputy manager both worked day time shifts during weekdays only, which meant the weekend shifts lacked oversight from senior members of staff. At this inspection we found this had not changed although the provider had developed the supervisory management team to ensure senior staff were always on duty at the weekends. However, the the provider

did not show that the suitability of these arrangements was being monitored and kept under review.

#### Using medicines safely

At the last inspection the provider did not ensure appropriate practices were in place to enable people to safely receive their medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some improvements to the safety of the medicines system had been achieved since the last inspection, which included refreshed medicine training and individual staff competency checks for staff responsible for administering medicines. However, not all aspects of medicine management were safe.
- At this inspection we found improvements in how staff completed medicine administration records (MAR). However, we found insufficient written guidance and gaps in the completion of the medicine charts used specifically for documenting the application of prescribed topical creams and lotions. For example, there were no clear directions on the MARs for the use of a barrier cream to prevent skin breakdown and we found it had only been used on one day of the week although it was prescribed for daily use. Another person was prescribed a skin treatment for eczema but there were significant gaps in the completion of the MAR.
- We found gaps in the recording of the daily temperature in the room used for storing medicines. The registered manager told us that on occasions the temperature reached above 25 degrees Celsius and staff took action to cool the room. This demonstrated to us the need for daily checks to ensure medicines were stored safely.
- The registered manager carried out monthly medicine audits, but these had not detected the concerns we found with the administration of topical medicines.

The provider did not ensure the safe and proper management of medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

At the last inspection the provider did not ensure there were sufficiently robust systems in place to protect people from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Although some improvements to protect people who used the service from the risk of infection had been achieved since the last inspection, infection control practices were still not sufficiently rigorous to ensure the safety of people, staff and visitors.
- At the last inspection we observed members of the staff team not wearing masks and where individual staff were exempt for health care reasons, the registered manager had not carried out risk assessments. We imposed conditions on the provider's registration in November 2020 requiring them to undertake a review of the use of personal protective equipment giving particular attention to the requirement of continuous use of face masks at the service.
- At this inspection two staff were wearing visors instead of face masks, in line with exemptions for medical reasons. However, the registered manager had not documented the outcomes of individual discussions with

these staff members to identify and manage risks, in line with current guidance from Public Health England. This was corrected during the inspection.

- COVID-19 risk assessments were not in place for each person who used the service. The registered manager had carried out risk assessments for two people identified as being at increased risk of infection but was not aware of the need to assess all people living at the service, taking into account factors including their health conditions.
- Although the premises were clean, we noted cleaning lists did not specify checks on the cleanliness of commodes and were not being completed every day to ensure the service maintained an accurate and clear record of actions taken. Infection control audits were being carried out.
- People, staff and visitors were being tested for COVID-19. Staff informed us they had regular rapid lateral flow tests at work, however records were not maintained in relation to the results of these tests.

Suitable actions to assess the risk of, and prevent, detect and control the spread of infections were not in place. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider did not operate sufficiently robust systems to protect people from the risk of abuse and harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- Appropriate systems and processes were in place to protect people from the risk of abuse and harm. Staff received safeguarding training and understood how to identify and report any concerns about the safety of people who used the service.
- People who used the service and their relatives told us they felt safe with staff. Comments included, "They are lovely to me" and "[My family member] would tell me if they had any concerns. [Family member] has their favourite staff and tells me how kind they are."
- We received some comments about members of the staff team who did not always act with empathy, for example they were not patient when people needed more time and support. People and relatives told us they felt able to discuss this with the registered manager if they wished to report their observations.
- The registered manager and the management team reported safeguarding concerns to the appropriate authorities and notified the Care Quality Commission. The provider gave staff guidance about how to whistle blow, which was confirmed by staff we spoke with. A whistle blower is an employee who reports certain types of wrongdoings at their workplace.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider did not properly identify and mitigate risks to people's safety and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Systems were in place to protect people from risks to their health, safety and wellbeing. Care plans

contained appropriate risk assessments and risk management guidance, which were kept under review. At the last inspection we found Waterlow assessments to help estimate the risk of development of pressure ulcers were not always updated to reflect changes in people's health care needs and other relevant circumstances. At this inspection we found this was satisfactorily addressed.

- People's care and support was planned to take into consideration the identified risks to their safety. For example, people were provided with pressure relieving equipment, hoists and bed rails, in line with their individual needs.
- Environmental risk assessments were in place to identify and mitigate the risks of potential dangers to people, staff and visitors. This included measures for the safe storage of cleaning products in accordance with COSHH (The Control of Substances Hazardous to Health Regulations 2002) and emergency evacuation information to safely assist people in the event of a fire or other emergency.
- Staff received appropriate training and guidance to promote people's safety and reduce risks of harm. This included training for fire safety, food hygiene, first aid, moving and positioning people, and health and safety.
- Accidents and incidents were recorded and reviewed by the registered manager to ensure people's safety was promoted. Records showed the registered manager analysed events to identify the root cause and where necessary implement actions to minimise the risk of reoccurrences.

# 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 this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider did not ensure appropriate measures were in place to protect and support people who lack capacity to make their own decisions and enable people to lead their lives with the least possible restrictions. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- Procedures were in place to make sure people's human rights and legal rights were understood and respected. People's capacity was assessed to determine if they could make decisions about their care and treatment. The provider liaised if required with external health and social care professionals to ensure capacity assessments were valid and appropriate.
- Staff had received MCA training and understood the importance of supporting people to make decisions and choices wherever possible about how they wished to receive their care. People and their relatives confirmed staff asked for consent before they provided personal care. At the last inspection we noted the provider used a generic consent form which we found in people's care files. At this inspection we found consent documents were now better tailored to people's individual needs and wishes.
- DoLS applications were submitted to the local authority to make sure people's freedoms were not unlawfully restricted. A professional from the local authority confirmed to us the provider liaised positively with social services to refer people for DoLS assessments. The registered manager spoke with people who used the service and their relatives about the role of attorneys, so that people could be confident their

wishes for their future care could be recorded and acted on.

#### Staff support; induction, training, skills and experience

At the last inspection the provider did not ensure staff received appropriate training and support to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

#### Staff support; induction, training, skills and experience

- Staff were provided with suitable training and support to meet people's needs. The training matrix was significantly updated since the last inspection and showed staff attended a wide range of relevant training, for example end of life care, falls risk prevention, infection control and oral health care. Other training offered included opportunities to enrol on national vocational qualifications and the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working lives.
- Staff received regular formal supervision to support them with their roles and responsibilities. Other forums including staff meetings and handover meetings were used by the management team for sharing information and guidance. We received mixed comments from some staff in relation to whether they felt supported to carry out their duties by the provider. For example, some staff told us the registered manager spoke with them in a hostile way which discouraged them from initiating meaningful discussions about their training and development needs. We will be discussing this with the provider.
- People and their relatives told us staff appeared knowledgeable and skilled. Comments included, "I am happy with the way they look after me and I would say so if I wasn't" and "We have never had any concerns with how the staff look after [my relative], they always appear well looked after and I know they feel at home."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

At the last inspection the provider did not ensure care plans were developed in a person-centred way that reflected people's needs and preferences for their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, aspects of some care plans needed additional scrutiny to make sure they were fully comprehensive

- Care plans demonstrated improved accuracy in relation to people's current needs and wishes, with appropriate guidance for staff about how to provide individual and safe care. For example, we saw there was detailed information about people's social history, their interests and how they wished to practice their faith. People and their relatives if applicable were consulted about daily routines, for example if people liked to get up early in the morning as they were accustomed to this or found it more comfortable to sit in an armchair.
- Where people developed a new personal care or health care need, care plans were usually developed to address these needs although we found occasions where this had been overlooked. For example, we noted that when a person developed a pressure ulcer their care plan was updated to reflect this and demonstrate the service was adhering to guidance from the district nurses and GP. However, when another person acquired a skin tear this was not recorded in their care plan and associated risk assessments, although there was other documentation to show appropriate action was taken.
- Where people needed support to meet their nutritional and hydration needs, guidance was recorded in their care plans. However, care plans did not record people's food preferences, likes and dislikes to enable staff to promote appetising and enjoyable meals and snacks. The registered manager showed this information was held in a file in the kitchen and stated it would now be recorded within individual care plans to enable direct access for care staff.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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. Although we found some improvements at this inspection, we were not assured these were fully embedded in the daily operation of the service.

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

At the last inspection the provider did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and maintain accurate and contemporaneous records for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection we found the registered manager was not able to demonstrate the implementation of clear COVID-19 safety practices to promote the safety of people, staff and visitors. Although some improvements were noted at this inspection, we found specific deficits in the knowledge and practice of the registered manager. For example, the absence of risk assessments for individual staff members not wearing masks and the limited approach to carrying out COVID-19 risk assessments required for all people who use the service.
- The registered manager and senior staff at The Elms conducted a range of audits to monitor and improve the service. This included audits in relation to medicine management, infection and prevention control, care planning, and the cleanliness and safety of mattresses. However, some of these audits did not always identify and address areas for improvement that we observed.
- At the last inspection we found concerns in relation to the lack of robust arrangements by the provider to ensure the registered manager had suitable guidance and support for her leadership position. We noted the board of trustees (provider) had resumed quality monitoring practices at the service, following a temporary pause when visiting was not permitted due to COVID-19 restrictions. We received mixed comments about these visits, with comments that the trustees did not always seek the views of staff. These monitoring activities had not detected specific areas for improvement we found during this inspection.
- We identified concerns at the last inspection about the absence of a nominated individual with an appropriate professional background to support the registered manager and drive improvement at the service. A nominated individual is responsible for supervising the management of the service on behalf of the provider. At this inspection we found the board of trustees had appointed a new nominated individual with a nursing qualification.

- We received mixed comments from staff about the leadership style of the registered manager. Some staff told us they felt supported and encouraged to improve their knowledge and practice by the registered manager who was described as offering an 'open door' approach. We also received comments from staff who described the leadership of the service as being "inadequate" and felt that the registered manager favoured certain members of staff but was hostile to others. We will be meeting with the provider to discuss how they plan to address this ongoing concern.

- At the last inspection we recommended that the registered manager would benefit from external guidance and support to achieve improvements at the service and create a professional environment that fostered continuous learning for staff. The provider engaged an independent care consultant to work with the registered manager and this intervention had partially accomplished an improvement in the service's compliance. However, the ongoing shortfalls found at this inspection demonstrated remaining gaps in the registered manager's competency and knowledge which would firmly benefit from prolonged independent support to ensure continued and sustained improvement.

The provider did not operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and did not consistently maintain accurate and contemporaneous records for each person. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection the registered manager failed to notify the Care Quality Commission without delay of any abuse or allegation of abuse of a person using the service. This was a breach of regulation 18 of the Registrations Regulations 2009 -Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The registered manager was aware of the need to inform the Commission of any notifiable events at the service, in accordance with the law. Since the last inspection the registered manager had from time to time contacted us for clarification if she was unsure if an incident needed to be reported.

- The registered manager understood the necessity to demonstrate duty of candour, which is a legal duty for providers to act with integrity and in an open way. This includes the need to be transparent when investigating complaints and apologise if something goes wrong. We saw that complaints were dealt with correctly.

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

- Although systems were in place to listen to and act on the views of people, relatives and staff, there was continued feedback from some staff members about the lack of an open and enabling culture and ethos at the service. Other staff told us they felt actively involved in actions to improve the quality of the service, for example asked by the management team for their ideas about how to improve the safety of people and the quality of risk assessments.

- People who used the service and their relatives told us they were asked for their views about the quality of the service. People attended 'resident's meetings' if they wished to and the minutes demonstrated they were consulted about menus, activities, entertainments and other matters relating to the daily life of their home. For example, people suggested a Victorian themed garden party which took place shortly after the inspection visits. We spoke with the registered manager about the need to cease a custom at some of the

meetings which did not uphold the entitlement of confidentiality for people unable to attend due to being in hospital.

- Relatives told us the provider had shared information with them about concerns at the service following the last inspection but were not yet updated in relation to whether the service was achieving the required improvements. We received predominantly positive comments from relatives about the standard of care and support for their family members, and they described the registered manager and other senior staff as being approachable, caring and helpful.

- The provider continued to support people to meet their social and faith needs. This included visits from religious ministers who conducted worship services and bible study groups. Following the necessary visiting restrictions due to COVID-19, we noted the care home was now welcoming back external parties to engage with people, for example music and movement instructors, aromatherapy practitioners and hairdressers.

#### Working in partnership with others

- The service demonstrated positive working relationships to improve people's care and support. We received constructive comments from the allocated GP in relation to how staff reported concerns without unnecessary delays and followed clinical instructions. The service was now taking part in bi-monthly meetings with community nursing services and an outreach consultant for medically frail people, in order to better understand and meet people's specific health care needs.

- There were clear protocols in place for joint professional working to care for people at the end of their life. The registered manager told us the service communicated well with the local hospice and we observed hospice staff were supporting a person and the staff team at the time of our inspection. Systems to effectively work with other relevant organisations to plan people's end of life care were used, for example Co-ordinate my care.

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 registered person did not take appropriate action to assess the risk of, and prevent, detect and control the spread of infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person did not ensure the safe and proper management of medicines 12(1)(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 19(1) (2)</p>

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  The registered provider did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and maintain accurate and contemporaneous records for each person. Regulation 17 (1)(2)(3)

**The enforcement action we took:**

Warning Notice