

# HC-One Limited

# Cedar House

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cedar House is a nursing home for up to 42 older people. At the time of our inspection, 38 people were living at the service. The service is managed by HC-One Limited, an organisation providing care in over 300 care homes across the United Kingdom.

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

People did not always receive personalised care. For example, they did not always have opportunities for stimulating and personalised activities. Additionally, relatives told us people did not have showers as often as they would like.

The kitchen had not been properly cleaned presenting a health and safety risk.

Medicines management had improved, but further improvements were needed.

Systems and processes for monitoring and improving quality were not always effectively operated.

People using the service and relatives liked the staff and had good relationships with them.

Staff felt supported and happy working at the service. They had the training and information they needed, but they told us they did not have enough time to provide quality care.

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

The registered manager was experienced and qualified. Staff, people using the service and relatives felt able to speak with the registered manager and told us concerns were addressed. There had been improvements at the service including an improved culture and record keeping. The management team worked with the staff to learn when things went wrong and make improvements to the service.

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 at the last inspection was requires improvement (published 12 November 2020). This was a focused inspection looking at the key questions of 'is the service safe?' and 'is the service well-led?' only. The last comprehensive inspection where we looked at all key questions was in March 2020 (published 10 June 2020).

At the last two inspections, we identified breaches in relation to person-centred care, dignity and respect,

need for consent, safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements in some areas, but the provider remained in breach of regulations.

This service has been in Special Measures since 10 June 2020. During this inspection the provider demonstrated that improvements have been made. 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 inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service remains requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

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

#### Enforcement

We 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 person-centred care, safe care and treatment and good governance at this inspection.

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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cedar House

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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, a member of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cedar House 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.

#### What we did before the inspection

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 looked at all the information we held about the provider, including their action plans following our last inspection, notifications of significant events and feedback we had received from stakeholders.

During the inspection

We spoke with four people who used the service. We also carried out observations. Our observations included 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 met staff on duty who included, catering staff, nurses, care assistants, maintenance staff, domestic and administrative staff and the registered manager. We also met the area director who was visiting the home.

After the inspection

We contacted the relatives of five people using the service by telephone.

We received feedback from one external professional who works with the provider to support people using the service.

The provider continued to send us information and copies of records which we reviewed.

# 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 we rated this key question requires improvement. The rating for this key question 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 found the arrangements to manage people's medicines were not robust and this meant that people were placed at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvements had been made and the provider was still breaching Regulation 12.

- People did not always receive their medicines as prescribed because these were not always administered at the right time. On the day of our inspection, we observed people being administered medicines two and a half hours after the prescribed time.
- We reviewed 16 medicines administration records for the month of December 2021 to review the time when medicines were being given to people by staff. We found regular instances when night-time medicines prescribed to be given at 9.00pm were being administered after 11.00pm and on some days given past midnight. One person was given their cholesterol medicine on eight occasions after 11.00pm and once after midnight. A second person was administered their eye drops on nine occasions after 11.00pm and twice after midnight. Another person was administered their medicine for mental health condition 11 occasions after 11.00pm and once past midnight. We were not assured the staff were administering medicines as prescribed
- Oxygen cylinders were not stored securely at the home. The provider took action regarding this once we alerted them to the situation, and secured the oxygen cylinders.
- We found that staff had not annotated the opening date for eye drops prescribed to two people at the home. This meant it could not be verified if the eye drops had been opened for more than 28 days and may not have the desired effect.

We found no evidence people were being harmed, but failure to manage medicines safely was a repeated breach of Regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff give medicines to people at the home. The staff were polite, gained permission before giving medicines and signed the electronic medicine administration records (eMAR) for each medicine after giving it.
- With the exception of the storage of oxygen cylinders, we found all medicines were stored securely and at appropriate temperatures including controlled drugs.

- The provider allowed a two-hour slot for administering medicines to each person. This enabled staff to provide additional support for people who were distressed or to leave people if they were sleeping so they did not wake them unnecessarily.
- Some people at the home were being given medicines covertly. The staff had carried out the necessary assessments relating to this. Some people were prescribed medicines to be taken on when required (PRN) basis. Guidance in the form of PRN protocols were in place to give these medicines consistently.
- There was a medicine policy in place. There was a process in place to report medicine incidents and errors and to receive and act on medicines alerts.
- Staff members were competency assessed and received training to handle medicines.

#### Preventing and controlling infection

- Areas of the environment had not been sufficiently cleaned. The food storage areas (including fridges and freezers) in the main kitchen contained food spillages, including liquid from meat and milk, which had not been cleared up and had dried onto surfaces. This presented a risk of contaminating food.
- Other equipment, including utensils and the grill, had not been properly cleaned. A small kitchen used by staff to prepare snacks and drinks for people using the service also needed cleaning. The drinks trolley and equipment were stained and dirty and there was unlabelled food, which had not been properly wrapped, in the fridge.
- We alerted the chef and registered manager to these concerns so they could take immediate action to address this. We also shared our findings with the Local Authority Food Standards Agency.

We found no evidence people were being harmed. However, failure to follow the correct procedures for storing food and cleaning food preparation areas put people at risk of harm. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of the inspection we looked at infection prevention and control systems in relation to COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Staffing and recruitment

- People did not always receive care which met their needs because the staffing levels did always not allow for this. For example, relatives told us people sometimes did not always have opportunities for showers and there was not always staff available to facilitate social activities. People told us there were staff available when they asked for help and we observed this, with staff being attentive when people called out for help or used a call bell. However, staff attended to the task and then left people without sustained interactions. Staff confirmed this was a concern, telling us they did not have quality time to spend with people.



- The staff also told us that during busier times of the day, for example, when they were assisting people to get washed and dressed in the morning, they did not have time to respond to call bells. Their comments included, "We are not able to answer the calls, if we are [providing support with washing and dressing] we cannot leave people and go to others", "There are not enough staff because some people need two staff to help them move" and "It can be stressful because we are short staffed."
- We discussed the situation with the registered manager. The service had been impacted with key staff being absent during the COVID-19 pandemic because of isolation and sickness. The registered manager told us that, at times, they had to run the home on reduced staffing levels. The staff coordinating social activities were off work at the time of the inspection and this had a negative impact on the amount of organised social activities taking place, as well as a further impact due to less staff available to support with mealtimes and answer call bells. Some people had been allocated individual staff to support them throughout the day (and sometimes the night as well). This helped ease the pressure for other staff so they could focus their time supporting other people. The registered manager told us they would review the staffing levels to make sure these reflected people's needs and take steps to cover longer term absences of staff.
- The provider had suitable systems for recruiting and selecting new staff, which included checks on their suitability, an induction into the service and assessments of their skills, knowledge and competencies.

#### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, planned for and monitored. The staff completed detailed assessments of the risks relating to their health and wellbeing, mobility, activities they took part in and lifestyle choices. The assessments and plans to manage risk were regularly monitored and updated when there were changes. The staff consulted with other professionals when needed.
- We observed staff caring for people in a safe way, using equipment when needed to help move people, and making sure they were safe, comfortable and had the support they needed.
- The building and equipment underwent regular checks to help make sure they were safe, and any faults were addressed. There were systems to help protect the building from fire and evacuation plans so that staff knew how to support people to safely evacuate in the event of an emergency.

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

- There were suitable systems to help safeguard people from abuse. Staff received training and had regular updates and information, so they knew what to do if they suspected someone was being abused.
- The registered manager worked closely with other agencies, such as the local safeguarding authority, to investigate any allegations of abuse and to implement protection plans to help keep people safe from the risk of abuse.

#### Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They investigated all accidents, incidents and adverse events and shared findings with all the staff so they could learn from these and improve the service.

# 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, we found people were not always consulted and consent was not always obtained before providing care and support. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 11.

- The provider had carried out assessments of people's mental capacity to make specific decisions about different aspects of their care. When people were able, they had consented to their care and treatment. For people who lacked the mental capacity to make specific decisions, the staff had consulted with their legal representatives (if they had any), and others who were important in their lives, to make these decisions in their best interests.
- The provider had made applications for DoLS authorisations when needed and kept a record of when these needed to be reviewed, any conditions imposed and how these conditions were being met.
- People using the service told us they were able to make decisions about their day to day lives at the home.

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

- People had enough to eat and drink. Some relatives told us there was not enough variety or choice of food. We noted that whilst there was a recorded vegetarian option on the menu, people were not offered this. Additionally, some people were given pre-plated meals which already had gravy/sauce poured over the

food and they were not given a choice about portion size. We discussed these findings with the registered manager so they could address these issues.

- The staff assessed people's nutritional needs and created care plans relating to these. When people were identified as at nutritional risk, they had been referred for specialist support. People were regularly weighed and, when needed, their food and fluid intake was monitored.
- People had enough to drink. They were offered regular drinks throughout the day and jugs of squash and water were available when people wanted these.

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

- People's needs and choices were assessed and planned for. The registered manager carried out assessments before people moved to the service, consulting with them, their families and relevant professionals. Care plans were developed to reflect these needs and choices. These were regularly reviewed and reassessed when people's needs changed.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills, training and experience to understand and meet their needs. There were suitable systems for inducting, training and assessing staff. Some of the senior staff were qualified to train and support others.
- Staff took part in regular team and individual meetings to discuss their work and share information about the service.
- Qualified nurses were supported to access clinical training. The provider also supported staff to work towards vocational qualifications in care.

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

- People were supported to access healthcare services when they needed. The registered manager told us they were well supported by the local GPs and community matron. They had regular discussions with these external professionals as well as making referrals for additional support when needed.
- People's healthcare needs were assessed, planned for and met. There were care plans for people's health conditions and information for staff about how to meet people's needs relating to these. The staff carried out regular observations of people's health and wellbeing and responded to any changes and when people became unwell.

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

- The building was suitably designed to meet people's needs. People had their own bedrooms and equipment they required, such as adjustable beds, hoists and accessible showers and bathrooms.
- The corridors and communal areas were appropriately lit, ventilated and equipped.

# 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 we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection, we found people were not always well supported and respected. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, we found improvements had been made and there was no longer a breach of Regulation 10.

- People were cared for by staff who respected them and were polite, considerate and kind. Some of the comments from people who used the service and their relatives included, "The staff are very friendly", "The staff are fantastic – they are chatty and seem to know the residents", "They are respectful" and "The carers are really kind and I am treated well."
- We observed staff being kind and respectful towards people. They knew people well and had friendly exchanges with them. Staff also supported people who became distressed, offering them comfort and redirecting them to help alleviate their anxieties.
- Staff respected people's privacy and dignity. People were able to express a preference for the gender of the staff who supported them with personal care and washing. Staff demonstrated a good understanding about how to respect people's privacy, including knocking on bedroom doors and waiting to be invited in, standing outside of bathrooms and toilets to allow people privacy, and making sure doors and curtains were closed when they were providing care.
- People were supported to be independent where they were able and wanted to be. For example, their skills and self-care abilities were recorded in their care plans.

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

- People told us they were able to make decisions about how they spent their time and what they wore. They said staff offered them choices and respected this.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; 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

At our last inspection, the care and treatment provided to people was not always appropriate, met their assessed needs, or reflected their preferences. Additionally, they did not always have opportunities to take part in meaningful activities. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that although improvements were made, the provider was still breaching Regulation 9.

- Some of the relatives we spoke with raised concerns about personal care needs not being met. Two relatives told us staff did not monitor when people's nails needed cutting and the relatives had to intervene to get this addressed. Relatives also told us they did not think people had enough access to showers. Their comments included, "My relative is not showered enough", "[Person] has to ask for a shower otherwise this does not happen, [they] want one more than once a week", "Personal care could be done a lot better and staff need to spend more time with the resident" and "[Person] is left too long before being supported to go to the toilet and they are mortified if this is too late."
- People using the service did not always have enough to do to keep them entertained. One person told us, "I would like more things to do." Comments from relatives included, "There are definitely not enough activities. My relative loves watching sport and I asked if they could have [sports TV] to watch but I was told this was too expensive", "They do not go on outings or even for a walk to the local pond or cricket pitch", "There isn't enough stimulation for people, [person] only gets to have a chat when we visit" and "[Person] needs more stimulation, and fresh air, but we feel this is too much bother for the staff and they do not take [person] for fresh air."
- On the day of the inspection, there were no organised activities. Staff did not spend long engaging with people or supporting them to do different things. For most of the day people were either sitting in rooms with televisions on or walking around communal areas. Some people were assigned individual staff to support them. Some of these staff provided stimulation and engaged with the person they were supporting, but some did not. This was, in part, due to arrangements being made to keep people socially distanced and safe during the pandemic.
- Records of activities which had taken place showed that people did not regularly take part in stimulating activities. There were folders for the staff to record activities and analysis of these. There was limited analysis of the success of any activity. The records we viewed did not show people's individual interests were supported and, in many cases, showed very limited engagement with activities. For example, for the past

month, the only activities recorded for one person were five instances where they had a "chat" and one activity recorded as "enjoyed sleeping in [their] bedroom." For another person during the same period, there were four recorded "chats", one recorded, "[they] like to sleep all day in [their] bedroom" and one recorded, "has been fine and cooperated with personal care."

- Staff confirmed that social activities did not always take place with comments which included, "There are barely any activities, we haven't time to talk with people and they are just watching the TV", "It is not possible to do everything and entertain the residents as well", "We check people are happy but do not have time to sit with them or provide activities", "Sometimes we do a ball game or a dance with them" and "Most are watching TV or have their radio on, there are no arts and crafts, some have newspapers to read." The provider had a system of "Stop the clock" for 10 minutes each day where staff were supposed to stop other duties and talk with people. The staff told us this had not happened for a long time.
- Care plans included proactive strategies for engaging with people to minimise their distress and anxiety. Records of care provided, staff feedback and our own observations indicated these planned interventions did not always happen.

We found no evidence people were being harmed. However, failure to meet people's needs in a personalised way was a repeated breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff had created personalised care plans which recorded people's needs and how they should be supported. These were regularly reviewed and updated.

#### 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's communication needs were being met as far as possible. Some people did not speak English as a first language. In most cases, staff who spoke different languages were available, but for one person this was not the case. The staff had worked with their family to develop visual clues and learn a few basic words to communicate with them.
- The staff had developed communication care plans for each person, which considered people's views, speech and language, sensory needs, understanding and comprehension. The plans indicated how staff should communicate with people to support their understanding.
- Information about the service was available in different languages and formats for people who needed this.

#### End of life care and support

- People being cared for at the end of their lives received the support and care they needed. The staff worked closely with the palliative care teams to help make sure people were comfortable and pain free.
- Care plans recorded people's wishes and specific needs, including religious needs, for being cared for at the end of their lives and dying.

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

- There were suitable systems for responding to complaints. The complaints procedure was available for people using the service, relatives and staff. Relatives told us they felt confident making complaints, and

those that had raised concerns in the past felt these had been addressed.

- The provider's records of complaints showed these had been investigated and responded to. There were systems for learning from these to improve the service and people's experience.

# 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 we rated this key question requires improvement. The rating for this key question has remained 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.

### Continuous learning and improving care

At our last inspection, we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that whilst there had been some improvement, the provider was still breaching Regulation 17.

- The provider's systems for assessing, monitoring and improving the quality of the service were not always operated effectively. People using the service, their relatives and staff told us their needs were not always met and they did not always have a good quality experience, for example waiting for care and a lack of social engagement. Furthermore, relatives reported that the systems for managing laundry were not effective, because people's clothes were lost and sometimes people were dressed in other people's clothing.
- The provider's systems for monitoring risk were not always effective. Whilst there had been improvements in the way medicines were managed, further improvements were needed. The kitchen was not sufficiently cleaned, and this presented a risk.

We found no evidence people were being harmed. However, failure to effectively operate systems and procedures to monitor risks and improve the quality of the service was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made improvements at the service. They had addressed concerns we identified at previous inspections and also had systems for learning when things went wrong and improving practice. They had a comprehensive action plan, which they regularly reviewed and updated.
- Some of the problems we identified were as a result of the impact the COVID-19 pandemic had on the service, in particular staff absences due to isolation and sickness. Whilst people did not always have the opportunities they would like for different activities or showers, they felt staff provided good care when they did support people.

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

- People using the service and their relatives were generally happy with the service. The relatives told us



they felt a lack of consistent staff was the reason for the concerns they raised.

- There had been an improvement in the culture of the service. At our last comprehensive inspection, we found staff had a poor attitude towards people and did not always show respect. The registered manager had worked with staff to improve the way they worked, and we saw the impact of this, because the staff were polite, caring and kind towards people.
- Whilst the staff were concerned they did not have enough time to provide the care they wanted, they also told us they felt well supported and were happy working at the service.

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 provider understood their responsibilities under the duty of candour. They had investigated adverse events, learnt from these and apologised when things went wrong. They also worked closely with other external agencies to report concerns and submitted statutory notifications to CQC.

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

- The registered manager was experienced and appropriately qualified. They had a good understanding of their role and responsibilities. Staff told us they found them supportive and people using the service and relatives told us they found them approachable.
- The registered manager told us they were well supported by senior managers and the organisation.
- The management team undertook regular audits of the service and had identified areas for improvement.

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

- The provider engaged with stakeholders inviting them to meetings, involving people using the service and relatives in reviews and asking stakeholders to complete satisfaction surveys.
- There was a "resident of the day" system whereby each person had a review of their needs monthly. This review included looking at all aspects of their care and support and asking for their views.
- The staff undertook training about equality and diversity and demonstrated an understanding about how to meet people's diverse needs. Care plans included information about people's protected characteristics and support they needed in relation to these.

Working in partnership with others

- The staff worked closely with other healthcare professionals, making referrals and following their guidance.
- The registered manager regularly met with other managers and the local authority to share good practice and learn from each other.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not always ensure the care and treatment of service users was appropriate, met their needs, and reflect their preferences.  Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not always ensure care and treatment was provided in a safe way for service users.  Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service.  Regulation 17