

Abbey Wood Park Limited

Abbey Wood Park Care Home

Inspection report

Aintree Hospital
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Liverpool
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Tel: 01513921000

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbey Wood Park care home is a residential care home providing personal and nursing care to older people, people with physical disabilities and or sensory impairments and people living with dementia. At the time of the inspection, 15 people were receiving regulated activities at the home. The service can support up to 39 people.

At the time of the inspection visit the home was separated into two separate units. One unit had been registered as a designated site, supporting people who were recovering from COVID-19. One person was living within this scheme on the first day of inspection. The remaining people were living on the residential unit. On the second day of inspection, we were informed no one was being supported within the designated site and this was no longer open for admissions. People living on the residential unit had access to two lounges and a secure garden area.

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

People within the residential and nursing unit were not safe. Risk was not always appropriately identified, assessed and managed in a timely manner. Safeguarding procedures aimed to keep people safe were not consistently implemented and when people had been exposed to risk of harm, incidents were not always reported to the local authority safeguarding team for review. Infection control processes on the residential and nursing unit were not robust and we could not be assured good practice guidance was consistently implemented. The registered provider was working hard to make improvements to medicines management, however some concerns remained, and we could not be fully assured medicines were always managed safely. We have made a recommendation about recruitment processes.

Governance systems within the home were not always sufficient and had sometimes failed to identify all the key concerns we picked up at inspection. For example, infection control processes, medicines and safeguarding procedures had not been fully implemented and embedded within the service. Auditing systems were missing and when audits had taken place, they were not always effective. Auditing systems to keep people safe had not been implemented on the first day of inspection. Paperwork was not always in place, accurate and complete.

Consent to care and treatment was not routinely sought for people, so we could not be assured people had consented to all care and support. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about the review of systems to ensure consistent and effective care and staff training.

Care and support were sometimes person-centred. We observed some positive interactions between staff and people who lived at the home. Staff had time to sit and spend time with people. However, we were not fully assured that person-centred care was consistently provided. People told us they were happy with the

food and we were assured that people's dietary needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, infection control, staff practices, leadership and governance. A decision was made for us to inspect and examine those risks.

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. Please see the full report.

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

The registered provider has been responsive to concerns noted during the inspection and has started to take action to make improvements and promote safety within the home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Wood Park Care Home on our website at www.cqc.org.uk.

Enforcement

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

We have identified breaches in relation to management of risk, medicines, infection control, safeguarding, consent, and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Abbey Wood Park Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

On the first day of the inspection, two inspectors, a medicines inspector and an inspection manager visited the home to carry out the inspection. An inspector and inspection manager returned on day two to complete the inspection.

Service and service type

Abbey Wood Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the visit, the service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. An acting manager was present at the home for the duration of the inspection, they were supporting the provider and staff team whilst they were waiting for the new registered manager to start.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at what information we had received about the service since it was registered with the Care Quality Commission in August 2021. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider and safeguarding concerns reported to the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information shared with us by local authority commissioning and safeguarding teams. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home about their experience of the care provided. We spoke with the acting manager, a director of care, the in house medicines pharmacist, the nominated individual, a member of the quality team, a cook, two members of the domestic team, one nurse and three members of staff responsible for providing care.

We carried out a visual inspection of the home to review the environment and to check the equipment used within the home. We did this to check the living environment was safe and suitably maintained. We also observed staff interactions with people throughout the visits.

We reviewed a range of records. This included five people's care records and multiple medication administration records. We looked at six staff records to ensure suitable checks were in place. We also reviewed multiple records related to the management of the service, including audits and policies and procedures.

After the inspection

Following the inspection, we continued to speak with the acting manager and director to corroborate our findings. We looked at audits, staff training records and other documents gathered at the inspection visit. In addition, we spoke with three relatives to obtain their feedback on the service. We attempted to make contact by telephone, with staff who worked at the home, but staff did not answer our calls or respond to our requests to speak with us.

We liaised with the local authority safeguarding and contracts and commissioning teams to share our findings and raise concerns identified during the inspection process.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- Risk was not always suitably monitored and addressed.
- Health and safety guidance aimed at keeping people safe was not consistently followed. On the first day of inspection, we identified concerns in relation to falls management, the safe use of bed rails and possible risk of strangulation.
- We noted falls assessments had not been reviewed and updated in a timely manner after a person had experienced several falls. In addition, when action was taken to mitigate risk, actions were not always followed by staff to keep people safe.
- When people had displayed behaviours which sometimes challenged the service, reporting processes had not always been followed. Care plans and risk assessments had not been updated to reflect any risks presented and how to mitigate risk.
- Systems and processes were not consistently implemented to promote skin integrity. We found staff hadn't followed the correct processes and had failed to identify a concern with one person's pressure mattress which had been provided to maintain the person's skin integrity.
- We could not be fully assured lessons were always learned after things had gone wrong. Whilst reviewing the accidents and incidents log, we noted a significant incident had occurred involving a possible ligature. Staff had recorded that action had been taken to prevent the incident occurring again. However, we found evidence that safe practices had not always occurred, and lessons had not been learned from the incident. This left the person exposed to ongoing risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we wrote to the registered provider to escalate concerns. The registered provider gave us some assurance that action would be taken. In addition, we raised safeguarding alerts to the local authority and escalated concerns to the commissioning team so action could be taken.

Using medicines safely

- Medicines were not always managed safely.
- Concerns regarding the safe management of medicines had been identified by the registered provider prior to our inspection visit and the home was being supported by an internal medicines pharmacist to make improvements.
- The internal pharmacist offered reassurances that improvements had been made. However, we noted medicines were not always available in the home to give as they were out of stock. Daily notes for one person stated the person had fallen. The staff team had to contact 111, as the person had no prescribed

pain relief in stock.

- The quantity of medicines in the home did not always match what was on the Medicines Administration Record (MAR). This made it difficult for staff to audit whether medicines had been given as prescribed.
- Specific body map charts were available to record and guide staff where a medicine patch should be applied. However, staff did not always use the correct chart, which meant staff had not changed the area of skin used as directed by the drug company. Using the same part of the skin increases the risk of skin irritation and side effects.
- Care plans for severe agitation did not guide staff on ways to reduce a person's agitation before administering a medicine. When required medicines for agitation should only be used when non-medicinal ways have not worked.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The home was appropriately cleaned and maintained. One relative praised the standard of cleanliness. They said, "I am impressed with the level of cleanliness." Although the home was clean and well-maintained, we were not assured infection control processes upon the residential unit were being consistently implemented and followed in line with good practice.
- On the first day of the inspection, processes for ensuring staff undertook regular COVID-19 tests were not fully implemented and oversight of staff testing was inconsistent. We could not be fully assured that all staff had undertaken regular testing in line with good practice guidance.
- On both days of inspection, staff were not always wearing PPE (personal protective equipment) in line with good practice. We observed staff not wearing masks correctly. We highlighted this to the acting manager who told us this was an aspect they were working on with staff.
- On the first day of the inspection, we were made aware that one person who lived at the home was displaying some signs of COVID-19. The person's care plan and risk assessment had not been updated and staff had not adapted working practices to take into consideration that this person may have been COVID-19 positive. This increased the risk of cross infection.
- Guidance for new admissions into the home was not always followed. When people were admitted to the home, isolation protocols had not been followed.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We highlighted these concerns to the registered provider throughout the inspection. The registered provider took immediate action and appointed an infection control champion to ensure testing of staff was facilitated and coordinated.
- Additionally, we escalated concerns to the infection, prevention and control team and liaised with the local authority to ensure concerns were shared and the registered provider could be supported to ensure infection control principles were consistently implemented and embedded.

Systems and processes to safeguard people from the risk of abuse

- The registered provider had a system for responding and reporting abuse. However, we could not be assured systems and processes were consistently applied and embedded.
- Staff told us they had received safeguarding training and were aware of the importance of reporting abuse and harassment. However, during the inspection, we reviewed accident and incident logs and saw multiple incidents had occurred which exposed people to the risk of harm.

- Accidents and incidents had been recorded on behavioural monitoring charts and in people's daily records, but auditing had not taken place and none of the incidents had been reported to the local authority safeguarding team for review and investigation. This breached the registered providers adapted policy on responding to and reporting abuse.

This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We highlighted these concerns to the registered provider so they could take the appropriate action. On the second day of the inspection, we were provided with some assurances that improvements were being made. However, these needed to be embedded. We also liaised with the local authority safeguarding team so they could review all significant incidents to ensure people were safe from harm.

Staffing and recruitment

- Staff were suitably deployed. We saw that there was always an active staff presence in the communal area and staff were not rushed.
- Staff told us there were enough numbers of staff on duty.
- The acting manager said they were committed to reducing the number of agency staff used within the home and had proactively recruited new staff to work.
- Recruitment procedures were not always consistently followed. We looked at six staff recruitment records and noted documentation completed for three staff did not meet the legislative guidance. This meant we could not be fully assured that systems and processes for ensuring staff were of good character and fit to work with people who were sometimes vulnerable were robust.
- We spoke with the person responsible for auditing files. They confirmed the three files with missing information occurred before they started in post. From records viewed, we could see improvements had been made and processes improved to ensure systems for recruitment was robust.

We recommend the registered provider ensures recruitment processes are consistently implemented to ensure they are robust.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

- Processes for achieving consent were unclear and inconsistent. On the first day of our visit, we identified bed rails were in use for one person. After the visit, we wrote to the registered provider who confirmed consent for bedrails had not been sought or achieved.
- We saw systems had not been consistently followed to seek permission for people who lacked capacity to have invasive procedures carried out, prior to procedures taking place. The acting manager could not provide us with assurances that consent had been sought from the relevant person beforehand or best interests discussions had taken place and recorded.
- When people lacked capacity, mental capacity assessments had not been undertaken and best interest decisions had not consistently taken place to ensure decisions were made in the best interests of people.

This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Processes for ensuring people were lawfully detained of their liberty had not been followed. During the

inspection, we saw one person had repeatedly made it clear through behaviours and speech that they did not wish to stay at the home. Action had not been taken by the management team to ensure the person was lawfully being deprived of their liberty. After the inspection, we wrote to the provider and asked for clarity about how many people were being unlawfully detained at the home. They confirmed 14 applications to deprive people of their liberty had not been submitted in a timely manner.

Following the inspection visit, we received reassurance from the registered provider that improvements were being made to ensure consent was consistently sought, in line with the principles of the MCA and in a timely manner.

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

- Staff did not consistently work with other agencies to ensure people received appropriate and timely care. Relatives told us people had access to healthcare professionals. One relative told us, "They have been very timely getting the doctor out to my [relative]. I would consider this very responsive."
- On the first day of inspection, we were made aware of two incidents taking place, which had resulted in potential harm to one person. The acting manager told us this was being followed up with the person's GP. However, records viewed after the inspection visit confirmed no advice and guidance had been sought as agreed and the person was then exposed to further harm before any medical advice and guidance was sought.
- Following the inspection visit, we received assurance from the registered provider that improvements had been implemented to ensure people received timely access to healthcare.

We recommend the registered provider reviews systems and processes to ensure advice and guidance from health professionals is consistently sought to ensure effective and timely care.

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

- People told us they were happy with the quality and quantity of food provided at the home. We observed people being supported at mealtimes and saw people were offered a variety of foods which were well presented.
- People were sufficiently supported to ensure their dietary needs were met.

Staff support: induction, training, skills and experience

- Staff confirmed training was provided through a variety of different learning methods, including eLearning and face to face training.
- The registered provider maintained a training matrix to ensure all training was planned and completed for staff. Whilst the training matrix indicated high numbers of staff had completed all training, we could not be assured training had always been effective. For example, staff had not always put the principles of safeguarding, infection control and DoLS training into practice.

We recommend the registered provider reviews training and skills of staff to ensure training is effectively applied in all roles.

- Following our inspection visit, the registered provider responded to concerns and arranged further safeguarding training for all staff to ensure policies were consistently followed.

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

- The service had been designed and adapted to meet people's needs. However, the environment lacked

plentiful stimulation for people living with dementia. The acting manager told us this was due to preventative measures to restrict the spread of COVID-19.

- On our first day of our inspection visit the home was separated into two areas to take into consideration the designated setting. This meant people living at the home were restricted to one area of the home. On the second day of our visit, the designated setting had closed and was not supporting people. The registered provider told us there were further plans to open and develop this area for people, to include a sensory stimulation area.

We recommend the registered provider seeks and implements good practice guidance to ensure the home is developed in line with good practice guidance to meet peoples' needs.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- During the inspection, we observed staff being patient and kind with people. Observations showed us people felt comfortable around staff and welcomed staff interaction. One person spoke fondly of the staff team and the care they provided, they told us they loved the staff who supported them. Feedback from relatives was positive. Feedback included, "I am impressed with the warm and lovely staff." And, "Their [staff] attitude is great. No problems at all."
- Although we observed some positive interactions between people and staff, people were not consistently well treated and supported. During the inspection, we noted there had been several incidents where people had been exposed to harm. We were not assured action had been taken in a timely manner to ensure people were consistently well treated. This breached article three of the Human Rights Act 1988 which states people have the right to live a life free from torture, inhuman and degrading treatment.
- Following the inspection visit we raised a safeguarding alert for people who had not always been treated well.

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

- Although people were sometimes supported to express their views and make decisions about their care, this was not always consistent. During the inspection, we observed people making some day to day decisions. For example, choosing to stay in bed or refusing to be tested for COVID-19. These decisions were respected by staff at the time.
- However, we were not fully assured people and representatives were always routinely involved in making decisions about their care. For example, we saw no evidence of best interest discussions taking place with family representatives when people could not speak for themselves or when they lacked capacity to make decisions. We raised these concerns with the senior leadership team and following the inspection they provided us with reassurance that this was being addressed.
- The acting manager told us they were in the process of identifying an advocate to work with one person who had no family members to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff knocked before entering bedrooms and asked for permission to enter rooms.
- People were supported to remain independent wherever possible. Equipment was available to aid independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of life care and support

- Although care was sometimes personalised to ensure people had choice and control to meet their needs, this was not consistent. During the inspection, we saw some positive examples of people receiving personalised care to meet their needs. For example, we observed staff supporting one person who was anxious. Staff provided personalised care to support the person to feel safe and in control.
- Although we observed some positive examples, care records did not always include all key information required for staff to safely support people. For example, when people had specific medical conditions, information was not always documented about how to safely manage the conditions.
- We fed this back to the registered provider, they told us a full review of all care records was to be undertaken to ensure records consistently reflected people's needs and preferences. Following the inspection, the registered provider sent us copies of improved paperwork which had started to be introduced in the home to promote person-centred care.
- End of life care was considered within care plans.

Meeting people's communication needs

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

- The registered provider was aware of (AIS) and we observed some information being provided in picture formats to enable people to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. We observed activities taking place during our visits. Activities included arts and crafts and singing.
- Visiting had recently started within the home. The home had allocated an area for COVID-19 safe visiting. One staff member told us it had been very emotional seeing people having visitors again. One relative told us that whilst visiting had been restricted, they had been able to visit their family member at the window. They said, "They [Staff] tried the best to allow us to have some contact."

Improving care quality in response to complaints or concerns

- The registered provider told us they had not received any complaints or concerns at the home since registration.

Is the service well-led?

Our findings

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

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

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

- Prior to our inspection taking place, the registered provider, as part of their duty of candour, contacted CQC to alert us that there were some concerns with management oversight at the home. They voluntarily provided us with assurances and a service improvement plan to demonstrate how they were going to make improvements. Although the registered provider had been open and transparent, we found the service improvement plan had identified some but not all concerns we found during the inspection.
- Documentation was not always complete, accurate and up to date. Care records were missing key points of information which were important to promote safe and effective care. Medicines administration records were sometimes missing key information. We identified errors in every care record we viewed. Therefore, we could not be assured that people weren't exposed to the risk of harm. We asked the acting manager to carry out a full audit of all care plans. They confirmed post inspection that all care plans needed some form of action. In addition, the personal evacuation plan file which was maintained to ensure people could be safely evacuated had not been updated to ensure it was accurate and up to date for all people living at the home.
- Paperwork was not always suitably stored and secured. We found personal information was being stored insecurely in a communal entrance to the home. In addition, nurses on duty could not provide all information requested as part of the inspection.
- Continuous learning and a focus on improving care was inconsistent. We could not be fully assured lessons were being learned in order to improve care.
- Organisational policies and procedures and government guidance were not consistently followed to keep people safe and deliver high quality care. During the inspection visit, we found safeguarding and medicines policies had not been followed. Good practice guidance had not been consistently followed in relation to COVID-19. In addition, the registered provider had failed to follow statutory legislation in relation to the Deprivation of Liberty Standards, (DoLS.)
- We were not provided with assurances that auditing systems within the service had been implemented and were effective. The acting manager confirmed there was no evidence of auditing taking place for several months prior to them starting at the service. This had not been picked up by the senior leadership team.
- Accidents and incident reviewing systems and safeguarding processes were not robust. We could not therefore be assured the duty of candour was consistently applied and the registered provider was open and honest when things had gone wrong.

We found no evidence that people had been harmed however, systems were either not in place, followed or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst the registered provider had notified us of some events in line with its statutory duties, we identified a number of incidents which had occurred since registration that had not been reported to us in line with the providers statutory duties. The acting manager told us they would investigate why these incidents had not been reported. No retrospective statutory notifications were received. This is being dealt with by the Commission, separate to the inspection process.

- Following our inspection visit, the registered provider submitted an action plan to show us how they intended to make improvements to ensure the service was to an acceptable standard. They told us they were committed to ensuring they provided a high-quality service within the home. Before the inspection process concluded, they provided us with an update on improvements made. This included the new manager starting on a part time basis and the recruitment of a deputy manager. We were provided with assurance that improvements were underway to ensure care provided was person-centred and of a high quality.

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

- Although we saw some positive and caring interactions, the culture within the service was not consistently person centred and did not always achieve good outcomes for people. Systems and processes did not always promote person centred care. For example, lack of processes resulted in infringements of people's choices and rights.

- Action had not always been taken in a timely manner to improve people's lives. Partnership working with other health and social care professionals was inconsistent and not always pro-active. We could not be assured professional advice was consistently sought and good practice implemented as a result.

- We could not be assured the registered provider consistently understood and applied the principles of the Mental Capacity Act 2005, (MCA.) The MCA aims to empower people to make decisions. When people lack capacity to make their own decisions, the act ensures decisions made by other people are lawful and in their best interests. This act had not been consistently followed by the registered provider.

We found no evidence that people had been harmed however, systems were either not in place, followed or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection visit, we wrote to the provider to seek assurance that urgent action would be taken. They provided us with some assurances that improvements would be made within the service. They told us additional help from senior managers would be provided to help the management team within the home make the required improvements.

- The registered provider had worked in partnership with the local authority to provide a designated scheme to support people leaving hospital with COVID-19. The home had been separated into two separate units to provide this facility. The registered provider told us they were proud of the partnership work between themselves, the local authority and the staff team which had resulted in a high number of people being positively supported to recuperate from COVID-19.

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

characteristics

- People were involved in how the service was managed. The cook told us they had recently spent time with people to develop the menu for the home. Relatives told us they had regular communication with the home. One relative said, "They are good communicators."
- Staff told us they felt listened to. All staff spoken with told us they had seen an improvement within the home since the acting manager started at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider failed to ensure systems and processes were established to ensure care and treatment of service users was consistently provided with the consent of the relevant person. When people lacked capacity to consent on their own behalf, no action had been taken to ensure the Mental Capacity Act 2005, was followed. 11 (1) (2) (3) (4)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had failed to ensure service users were protected from abuse and improper treatment. Systems and processes were not established and operated effectively to prevent abuse of service users. Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. 13 (1) (2) (3)

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered provider had failed to ensure care and treatment was provided in a safe way for people who used the service; they had failed to assess risks to the health and safety of people using the service and had failed to do all that was reasonably practicable to mitigate such risks.</p> <p>12 (1) (2) (a) (b)</p> <p>The registered provider had failed to ensure the safe management of medicines.</p> <p>12 (1) (2) (g)</p> <p>The registered provider had failed to ensure systems and processes were established and implemented to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p> <p>12 (1) (2) (h)</p>

The enforcement action we took:

CQC issued a warning notice

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	<p>The registered provider had failed to ensure systems or processes were be established and operated effectively to ensure compliance with the regulations.</p> <p>Systems or processes were not established to</p>

assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

Systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

The registered provider had failed to maintain securely other records that were necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity

The registered provider had failed to evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

17 (1) (2) (a) (b) (c) (d) (e) (f)

The enforcement action we took:

CQC used its enforcement powers and issued a warning notice.