

Elizabeth House (Oldham) Limited

# Marland Court

## Inspection report

Marland Old Road  
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Lancashire  
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Tel: 01706638449

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14 September 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Marland Court is a residential care home providing personal care for up to a maximum of 24 people. The service provides support to older people. At the time of our inspection there were 19 people living in the home.

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

People were generally satisfied with the service and told us the staff were helpful and pleasant. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. Staff and people living in the home raised concerns about the staffing levels. The manager made ongoing arrangements to increase the number of staff on duty on the second day of the inspection. We found some gaps in the recruitment records of new staff. There were shortfalls in some people's care plans and records and risks to people's health safety and well-being had not always been assessed and managed. The home had a satisfactory standard of cleanliness; however, staff were not always wearing their face masks correctly. Medicines were not always managed safely.

People were mostly satisfied with the food. However, dietary records were not consistently completed and we noted people were not provided with adapted cutlery or plate guards. We made a recommendation to improve people's dining experience. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; however, there were appropriate policies and systems in the service. There were no mental capacity assessments seen and although Deprivation of Liberty Safeguards applications had been made, the list of applications and authorisations was out of date. We made a recommendation about these issues. Staff received appropriate training. The provider was due to introduce a more extensive training programme. Some areas of the home looked worn and damaged and would benefit from redecoration and refurbishment. We also noted there was a crack in the assisted bath chair which meant it was unsafe to use. The nominated individual had plans to improve the home and started making arrangements to replace the bath chair. People's mental and physical health needs were not always recorded in their care plan. Staff were unaware of one person's complex medication conditions and how these impacted on their life.

People's dignity and independence was not always upheld and maintained. At the time of the inspection, people living on the top floor could not access the ground floor because the passenger lift was not in operation. The lift was unreliable and had broken down previously. The provider had planned arrangements to fit a stair lift. Whilst bedroom doors were fitted with locks which enabled people to open the door from inside without a key, they could not regain access without staff unlocking the door. People had not been issued with keys, which had a potential impact on their independence and autonomy. People also raised concerns about the laundry arrangements. Following the inspection, the manager confirmed the home would be refurbished and the laundry arrangements were under review.

People's needs and preferences were not always reflected in their care plan. The temporary care plans were

brief and lacked detail. One person receiving end of life care did not have a plan setting out their final wishes. Monitoring charts designed to monitor risks were not always fully completed. There was no evidence to demonstrate people were involved in the development and review of their care plan. The manager informed us a new electronic care planning system was due to be implemented. People had few opportunities to participate in activities, which meant they were at risk of social isolation. Following the inspection, the manager advised an activity coordinator would be recruited.

Whilst the management team carried out a series of audits as part of the governance systems, we found a number of shortfalls during the inspection in respect to the management of risks and medicines, maintaining people's dignity and independence, planning people's care and the completion of records. We also found people were given limited opportunities to express their views. We saw no evidence of group residents' meetings and people had not been invited to complete a satisfaction survey.

The nominated individual, operations manager and manager were all new to their roles. The nominated individual had purchased the provider company in July 2022 and the manager had been in post two weeks. They were all committed to making improvements to the service and had plans to improve people's quality of life and the standards in the home. We will check any improvements on our next inspection of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection and update

The last rating for this service was good (published 5 July 2021). We also carried out two inspections on 23 December 2021 and 26 January 2022, both of which focused on infection prevention and control and were unrated. Prior to this, we carried out a comprehensive inspection 13 March 2019.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing issues, the environment, quality of care, record keeping and the management of the home.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risks and medicines, failure to maintain and uphold people's dignity and independence, planning people's care and the governance and record keeping systems. We also made a recommendation about improving people's dining experiences. Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Marland Court

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

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

#### Service and service type

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

#### Registered manager

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

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day.

### What we did before the inspection

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

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

### During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 10 people living in the home, 4 members of staff, the cook, the manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional.

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

### After the inspection

The manager sent us information about their planned actions in response to the findings of the inspection.

# Is the service safe?

## Our findings

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

At our inspection on 27 May 2021, this key question was rated as good. At this inspection, the rating has changed 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.

### Assessing risk, safety monitoring and management

- People were at risk from inconsistent and unsafe care. We found risks had not always been identified and assessed including choking risks. We also found risk management strategies had not always been developed to guide staff on how best to mitigate risks to people's safety, health and well-being.
- A series of environmental risk assessments had been completed, however, the risks posed by the raised toilets on the ground floor, the lift which had broken down and the type of locks on bedroom doors had not been considered. There were also no plans seen to mitigate the risk of social isolation when the lift was out of order.
- Staff had not always completed records designed to monitor risks consistently. We noted the amounts entered onto the food and fluid charts were the same for each person and none of the amounts had been totalled or evaluated.

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

- The manager and operations manager told us these issues would be addressed with the implementation of a new electronic care planning system.
- The provider had arrangements for routine repairs and maintenance of the premises and had plans to install a new stair lift and refurbish the building. The safety certificates pertaining to installations and equipment were complete and up to date.
- We noted there was a crack in the seat of the assisted bath chair. This fault posed a significant risk to people using the equipment. The nominated individual assured us the chair would not be used and a replacement would be installed as soon as possible.

### Using medicines safely

- People's medicines were not always managed and stored safely. We noted two preparations which needed to be kept in the fridge were stored at room temperature, there were two topical medicines in a person's room with no lids on and there were some bottles and boxes with no date of opening.
- We also found shortfalls in the medicines' records. There were no protocols for the administration of specific medicines prescribed 'as necessary'. There were some missing staff signatures on the medicines administration records (MAR) and not all instructions on the prescription labels were included on the MAR charts.
- There were established arrangements for the management of controlled drugs and a random sample of



stocks corresponded accurately with the controlled drugs register. However, we noted the details of one drug had not been fully recorded on the register.

- Staff had completed training and checks had been carried out to check their competency to manage medicines. One staff member was designated to order medicines, however staff were unaware of the arrangements when this staff member was unavailable.

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

- The operations manager carried out a planned audit of the medicines during the inspection and found some shortfalls. They were in the process of developing an action plan to make the necessary improvements.

#### Staffing and recruitment

- The provider had an established recruitment process, however, we found minor shortfalls in the documentation and regulatory checks. The manager assured us these issues would be addressed and full audit of staff files would be undertaken.
- Prior to the inspection, we received concerns about the number of staff on duty. Staff and people spoken with echoed these concerns. One person told us, "They've been very short-staffed recently. They don't seem to have much time" and another person commented, "They have been short-staffed and I feel pushed out of things."
- The manager closely monitored the staffing levels and confirmed she had made ongoing arrangements to increase the staffing levels on the second day of the inspection.

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

- The provider had systems and processes to safeguard people from abuse. Staff had access to appropriate policies, procedures and training and understood how to raise any concerns about poor practice.
- People were generally positive about the care provided. One person told us, "All the members of staff seem okay. They look after me well" and another person said, "The staff are pleasant." Relatives spoken with did not have any concerns for the safety of their family member. One relative commented, "I feel that they're (staff) all helpful and kind to both of us."
- The manager and staff had maintained a record of accidents and incidents and made referrals as appropriate to other organisations and professionals.
- The manager had carried out an analysis of the accident and incident data to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

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

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the staff were using personal protective equipment (PPE) effectively and safely. We observed the staff did not always wear their mask correctly.
- We were assured the provider was accessing testing for people using the service and staff, as appropriate.
- We were assured the provider was making sure infection outbreaks could be effectively managed.
- We were assured the provider's infection prevention and control policy was up to date and was being reviewed regularly.
- We were assured the provider was promoting safety through hygiene practices of the premises.

## Visiting in care homes

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

# Is the service effective?

## Our findings

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

At our inspection on 13 March 2019, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were generally satisfied with the food provided. One person told us, "I think the food is okay although it can tend to be cold when they finally get it up to my room", and another person commented, "I don't mind the food."
- We observed people's lunchtime experience on the first day of the inspection. Whilst there was a choice of meal and the food looked appetising, there was no planned menu or menu displayed. People who had difficulties eating their food were not provided with adapted cutlery or plate guards.
- Although staff supported some people to eat their food, they did not supervise the dining area and were observed to take away uneaten meals without asking the person if they needed any help.

We recommend the provider seeks guidance from a reputable source to improve people's dining experiences.

- We saw care plans did not always provide staff guidance about people's dietary needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.
- There was inconsistent information in one person's care records about their ability to make decisions.

There were no mental capacity assessments seen on people's care files.

- Whilst DoLS applications had been made, the list of applications and authorisations was out of date. It was unclear if any of the authorisations had been approved with conditions.

We recommend the provider seeks advice and guidance from a reputable source to ensure all aspects of the MCA are met and ensure there is clear information about DoLS applications and any associated conditions.

Following the inspection, the manager told us a menu board will be placed in the dining room and a menu will be decided for the week. We were further assured people living in the home would have input into the menu and would be able to express preferences.

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

- People's physical and mental health care needs were not always documented within their care plan. We noted one person had complex medical needs, but staff were unaware of the person's conditions and how they impacted on their quality of life. Similarly, there was no information in a person's care plan about their mental health needs and how the person was best supported. The manager acknowledged the shortfalls and immediately sought advice and guidance from a medical professional.
- People were supported to access some healthcare services. We spoke with a healthcare professional during the inspection who provided us with positive feedback about the service.
- Staff worked with other agencies and shared information when people moved between services such as admission to hospital or attendance at health appointments.

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

- The service is located in a detached building set in its own grounds. Areas of the home looked worn or damaged and would benefit from redecoration and refurbishment.
- There were few adaptations to support people living with dementia. Not all people had a photograph on their bedroom door or other means of recognising their bedroom and apart from one coloured toilet seat, colour contrasting had not been used.
- The passenger lift had broken down and the seat on the assisted bath chair was cracked. Arrangements had been made to fit a stairlift and the manager confirmed following the inspection that quotes were being obtained to replace the bath chair.
- The nominated individual was aware of the shortfalls in the environment and told us he planned to carry out a full audit with a view to making the necessary improvements.

Following the inspection, the manager told us display boards and staff notification boards were being updated with photographs to help ensure relatives and people living in the home could recognise the staff.

Staff support: induction, training, skills and experience

- People were mostly complimentary about the staff team. One person told us, "Most of the staff here are very good" and another person said, "I have no concerns and the members of staff seem to know what they're doing to support me."
- Staff confirmed they were provided with appropriate training which was relevant to their role. The manager and operations manager monitored staff training and maintained a record. The nominated individual explained a new system of staff training was due to be introduced, which included a broad range of subjects and incentives for timely completion.

- Staff were invited to attend one to one and team meetings. However, they reported the morale in the home was low. The manager was aware of this situation and was working with the staff to make improvements, this included a review of the staff rota and the recruitment of additional staff.

Following the inspection, the manager sent us information to confirm the nominated individual had held a staff meeting to introduce himself to the staff team. The staff were also informed about the planned changes in training and support.

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

- People's needs were assessed by a social worker or trusted assessor, before they moved into the home. The manager told us, that where possible she would like to visit people in their own current environment, however, there was no assessment form available to use in the home.
- People were invited to visit before making the decision to move in.

# 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 inspection on 13 March 2019, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's rights to dignity, independence and respect were not always supported and maintained.
- People were afforded privacy in their own bedrooms; however, the bedroom doors were fitted with a specific type of lock. Whilst people could open their door from inside the room without a key, the door had to be opened with a key on the outside. People were not given keys for their bedrooms which meant they could not regain access if they left the room without staff support. One person told us, "We get locked in our rooms. It doesn't bother me now although it did it first. I suppose that I'm used to it now". Another person said, "The doors are all locked here. The staff have keys around their necks."
- People living on the first floor had their independence limited by the unreliable passenger lift. One person said, "I have lived here for a few months, but they keep me in this room because the lift isn't working. I want to be outside mixing with others not stuck up here on my own. I think they forget about me."
- People expressed some concerns about the laundry arrangements. One person told us, "The laundry is okay but other people's clothes are brought back For example, this isn't my own nightdress". Another person said, "Washing gets lost in here. Currently I've got no socks at all and I've only just received these two pairs of clean underpants. There were none this morning."

The provider had failed to treat people with dignity and respect and had failed to support their autonomy and independence. This was a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual told us a new stairlift was due to be installed the week following our visit. After the inspection, the manager informed us the home would be refurbished and the laundry arrangements were under review.

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

- Whilst people reported staff were kind and respectful, they told us the staff were usually busy and didn't always have time to talk. One person said, "The staff haven't the time to chat much, but you can have a nice conversation with some of them when they come in to do things" and another person commented, "The staff are too busy to have conversations. They just tend to have brief chats when they're doing something with me." We observed there were limited interactions between staff and people living in the home during the inspection.
- Staff consulted people about their day to day choices, however, we saw no evidence to demonstrate people were involved in making decisions about their planned care.

- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

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

- People were generally complimentary about the approach taken by staff. One person said, "I like most of the staff" and another person told us, "The staff have treated me well." A relative also praised the staff, they commented, "The staff are always very good – in fact they are 'ace'."
- People's care plans did not always include details about their diverse cultural, social or spiritual needs. This meant staff lacked information about important aspects of people's needs and preferences. We discussed this shortfall with the manager, who assured us this issue would be address with the implementation of the electronic care planning system.

# Is the service responsive?

## Our findings

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

At our inspection on 13 March 2019, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People' care was not always planned to ensure all their needs and preferences were met.
- The provider had arrangements for developing individual care plans, however, some people's care was planned using temporary care plans. The temporary plans were brief and lacked details about people's needs and preferences. This included missing information about their health care needs. Staff had no awareness of one person's specific needs, which meant the person was a risk of unsafe care.
- People did not always have control over their lives as there were few opportunities for them to express opinions about their care or life in the home.
- There was no evidence people and their relatives were involved in reviews of their care. One relative told us, "I was involved initially in developing the care plan and it has only been reviewed once since [family member] came to live here." None of the people spoken with were aware of their care plan. One person said, "I've not seen my care plan here and I've had no involvement in any discussions about my care."
- We were informed one person was receiving end of life care at the time of the inspection. However, there was no end of life care plan to provide guidance for staff on how best to meet the person's needs and preferences.

The provider had failed to plan and design care to ensure people's needs and preferences are met. They had also failed to collaborate with people an assessment of their needs and preferences. This was a breach of Regulation 9 (3) (a) (b) of the Health and Social Care Act 2008 Regulations 2014.

The nominated individual explained a new electronic care planning system was due to be introduced. Following the inspection, the manager told us the care plans were being reviewed to ensure they contained person-centred information and were up to date. We will check improvements on our next inspection of the home.

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 at risk from social isolation and had limited opportunities to engage in social activities. One person told us, "There are no activities. No one comes in to have a chat unless they're doing something for me" and another person living on the first floor commented, "I wish there was something more to do because it's boring being trapped up here."
- People's care plans did not always include information about their social interests and pastimes.
- We observed a member of staff playing games with people in the living room on the first day of the inspection.



Following our visit, the manager confirmed an activities organiser would be recruited to promote individual and group activities.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or in a pictorial format.
- People's communication needs, and preferences were not always detailed in their care plan. This meant staff may not be aware of people's preferred method of communication.

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

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- The operations manager told us she was investigating a complaint at the time of the inspection, however, the issues raised had not been recorded in the complaints log.

# 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 inspection on 27 May 2021, this key question was rated as requires improvement. At this inspection the rating 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.

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

- The provider had systems and processes to assess and monitor the service; however, these were not always effective. Whilst the management team had carried out a series of checks and audits, we found some people's records were incomplete and care plans were not always reflective of people's current needs and preferences. There were also gaps in people's daily monitoring charts such as food and fluid intake and individual risks to people's health, safety and wellbeing were not always identified, assessed and monitored. In addition, there were shortfalls in the recruitment records of new staff and the management of medicines.

- Whilst the nominated individual explained about a new auditing and oversight process. We saw no completed provider audits or oversight reports at the time of the inspection.

- Given the findings of the inspection and the absence of effective audits it was difficult to determine continuous learning and ongoing improvement at the time of the visit.

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

- The nominated individual, operations manager and manager were new to their roles and assured us they were committed to making the necessary improvements to the service. The nominated individual, who purchased the provider company in July 2022 told us he had plans in place to improve the quality of lives of people living in the home and the overall standards of the home.

- The manager was appointed two weeks before the inspection and told us she intended to apply for registration. The manager was visible in the home and staff told us she was approachable and supportive.

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

At our inspection on 27 May 2021, we recommended the provider review their policies and procedures. The provider had made improvements.

- The provider had reviewed the policies and procedures and ensured they were accessible to staff. The nominated individual explained he was due to introduce a new set of policies and procedures covering all aspects of the operation of the home.
- The manager promoted a positive open culture. She worked alongside care staff as necessary, which meant she had a good understanding of people's needs.
- The manager completed frequent daily walk arounds and spot checks to observe staff practice and speak with people living in the home.

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

- People told us they were consulted about daily aspects of their care. However, we saw no evidence of any residents' meetings during 2022 and people living in the home had not had the opportunity to complete a satisfaction survey. This meant people had limited opportunities to express their views on the service.
- Staff had been invited to complete a satisfaction questionnaire and the results had been collated and analysed. Staff were also able to attend group meetings which enabled them to discuss the operation of the home.
- Following the inspection, the manager advised us that she intended to devise a monthly newsletter and introduce a keyworker system.
- The manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the development of 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 manager understood her responsibility under the duty of candour.
- The nominated individual, operations manager and manager were open about the areas requiring improvement at the service and the work they were doing and planning to address shortfalls.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to plan and design care to ensure people's needs and preferences are met. They had also failed to collaborate with people an assessment of their needs and preferences. (Regulation 9 (3) (a) (b)).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had failed to treat people with dignity and respect and had failed to support their autonomy and independence. (Regulation 10 (1) (b)).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. (Regulation 12 (1) (2) (a) (c)).</p> <p>The provider had failed to ensure the proper and safe management of medicines. (Regulation 12 (g)).</p>
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

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