

Forest Edge Care Home Limited

Forest Edge

Inspection report

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Date of inspection visit:
15 September 2020

Date of publication:
24 November 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Forest Edge is a residential care home providing personal care to up to 32 people in one adapted building. At the time of the inspection, staff were caring for 26 people over the age of 65.

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

The registered manager was not following all of the Government guidance aimed at preventing and controlling COVID 19. Infection prevention and control practice, was not always as robust as it should be.

People were mostly supported to have choice and control of their lives and staff supported them in the least restrictive way in their best interests. However, records did not always support this, and best interest decisions were not always in place. Wording in some records of care plans suggested that restrictions to people's movements were not always being used as a last resort.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed. However, where medicines were prescribed 'as and when required', (PRN), there were not always PRN protocols in place.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective in identifying areas for improvement or where safety had been compromised.

Some of the risks to people had been identified, assessed and appropriate management plans were in place to prevent or reduce the risk occurring. However, we also found examples where this was not the case. Whilst there was a plan in place to manage foreseeable emergencies, this had not been reviewed in light of the COVID 19 pandemic. Fire safety checks were carried out.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

There were sufficient staff deployed to meet people's needs and overall, relevant recruitment checks had been conducted before staff started working at the service.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

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

Rating at last inspection

The last rating for this service was good (published 04 March 2020).

Why we inspected

The inspection was prompted in part due to concerns received about infection control, training, the Mental Capacity Act and the leadership team not engaging with local health and social care professionals. 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 COVID 19 and other infection outbreaks effectively.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forest Edge 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 monitor the service.

We have identified breaches in relation to failing to infection control, Mental Capacity Act 2005 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

Forest Edge

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.

This was a focused inspection to review the Key Questions of Safe, Effective and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

The inspection was undertaken by three inspectors.

Service and service type

Forest Edge 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 announced, we gave the provider 24 hours' notice. This was due to the COVID pandemic. This was to ensure safe systems were in place to protect everyone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We reviewed a range of records. This included care records for five people and multiple medicine records. We looked at four staff files in relation to recruitment and observed a medicines round. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke to the registered manager.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We received feedback from 10 relatives and four staff members. We also received feedback from one professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Preventing and controlling infection

- Whole home testing of both staff and residents for COVID 19 is a crucial part of the government's plan to both control and prevent outbreaks. It has been available for staff in care homes such as Forest Edge since June 2020.
- Prior to our inspection, Forest Edge had not engaged with this testing programme. No testing of people or staff had taken place. Because of this, the community nursing had declined to enter the service in order to treat and have oversight of people's healthcare needs. We were concerned that this could have led to negative outcomes for people. The registered manager has now arranged for testing to take place which have all been negative.
- The government has published guidance on what care homes must do to ensure that people, staff and visitors are monitored for symptoms of COVID 19. This includes assessing people, staff and visitors twice daily for the development of a high temperature. The registered manager was not following this guidance. When we arrived at the service, we were not asked to have our temperatures taken to ensure we did not have a fever. When staff arrived for their shift, they were not assessed to ensure they did not have a temperature to ensure they were within a safe range and staff were not showing signs and symptoms of Covid-19. These measures are now in place.
- During the inspection we observed one staff member with very long painted nails which is not in line with the providers policy and could be an infection control risk. The registered manager informed us this was not normal practice and had already informed the staff member about their nails. They have taken further action to ensure this does not happen again.
- We were not assured that the provider's infection prevention and control policy was up to date. It had not been updated or reviewed to take account of the current COVID-19 pandemic.
- The premises were mostly clean and there were no malodours however we saw an ingrained stain in one of the bath tubs.
- Forest Edge did not have an infection control lead. All care homes are required to have an infection control lead in line with the Department of Health code of practice on the prevention and control of infections and related guidance. An infection control lead is someone with appropriate knowledge and skills to take responsibility for infection prevention and cleanliness. The registered manager had not produced an annual infection control statement in line with the above Code of Practice. This is important to help ensure that any issues or concerns are identified.

We found no evidence that people had been harmed however, failure to comply with guidance from the Department of Health about the prevention and control of infections is a breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

- We were assured that the provider was preventing visitors from catching and spreading infections. We did note some areas of good practice. Visitors were supported to wear face masks and garden visits were available with a booking system in place. A screen had been purchased provide a barrier between people and their visitors for safety.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons. We always observed staff wearing PPE during the inspection. One staff member told us, "We have to wear masks all the time from outside even before entering the building, there's some in the little cupboard when we first come and then there's sanitizer. There is only one room where we can take them off and that's the front room which is for staff only, otherwise you have to wear a face mask all of the time. I bring my own sanitizer but there's also plenty there so you can use that and wash your hands. Then if we go into any rooms then there's the other PPE which we do for all rooms".
- We were assured that the provider was admitting people safely to the service. The registered manger ensured people were tested for COVID-19 before entering the service and only admitted people who had tested negative from hospital.
- There was a thorough cleaning schedule and records showed that planned cleaning tasks had been completed.
- Staff we spoke with all felt very clear on infection control guidance and procedures. One staff member told us, "I think it's been difficult but they've hit it right on the head this company, obviously it's difficult for the residents and for the families but staff wise I think it's been firm but fair the way they've implemented restrictions and so touch wood we've been COVID free which is amazing but you've got to keep on top of it, we wear the masks outside before you come in and disinfect your hands. We have a good supply of things as well".

Using medicines safely

- Where medicines were prescribed 'as and when required', (PRN), there were not always PRN protocols in place. These should be person centred and provide staff with clear guidance as to when to give the medicine and the expected outcome. The lack of PRN protocols had been identified as a concern at our last inspection too.
- Medicines were stored in a room which was regularly above the recommended temperatures for storing medicines. Most medicines require storage at an upper limit of 25c degrees. While this was being monitored and temperatures taken daily there was no clear record of actions being taken when temperatures in were in excess of the recommended limits. The providers medicine policy did not cover what actions staff should take if medicines were found to be stored at temperatures exceeding 25c degrees.
- Relatives felt medicines were administered safely. One relative told us, "Medicines are given as prescribed. When mum first arrived, careful checks were undertaken to make sure all was understood, and this was confirmed back to me". Another relative said, "On visiting (pre Covid) tablets were given to [person's name] and I'm always consulted about any changes or medical needs for her".
- Medicine administration records (MARS) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.

Staffing and recruitment

- Recruitment processes checked staff for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, one person's records did not contain a full employment history. We passed our concerns onto the registered manager, to follow up on.
- Relatives felt staffing levels were sufficient. One relative told us, "When visiting Forest Edge on a weekday I

have usually seen a number of staff on duty and therefore can only assume that staffing levels are being maintained at the correct level necessary to operate both effectively and safely". Another relative said, "I can't comment on other patients, but all seems to be appropriate for our needs. I have not heard call bells ringing for long periods and there generally seems to be staff on hand to help whatever the question".

- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Staff felt there were enough staff on shift to meet people's needs. The registered manager told us they had some staff vacancies to fill so were using more than normal amounts of agency staff at present, but they were all working purely at Forest Edge and not moving around services in order to prevent the transmission or spread of COVID 19.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members were kept safe at the service. One relative told us, "I am fully confident with the safety of my relative, when there was an issue it was dealt with professionally and I was kept fully informed of everything that was happening". Another relative said, "I believe that Forest Edge is a safe environment and that my mother is being safely and carefully looked after in accordance with her care plan".
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them and knew how to whistle blow. Staff were required to complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- Staff informed us they were confident any concerns they raised would be dealt with appropriately by the management team.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Some of the risks to people had been identified, assessed and appropriate management plans were in place to prevent or reduce the risk occurring. However, we also found examples where this was not the case. One person was known to be a diabetic, but neither their nutrition plan made no reference to this. Food and fluid charts showed that they were not always being provided with a suitable diet. However, it was not always clear to see when risks had been updated for example following a fall and sometimes records of the care plan did not match the risk assessments.
- At the last inspection we found that care plans regarding behaviours which might challenge others were too basic. The registered manager told us they were sourcing further training, unfortunately due to restrictions due to COVID this had not taken place and improvements were still needed to ensure that care plans provided staff with guidance about managing behaviours which might challenge.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Staff informed us they had received fire safety training. Individual personal emergency evacuation plans (PEEPs) were in place to guide staff to keep people safe during an evacuation.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency. However, this had not been updated to include COVID-19 contingency plans.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

Is the service effective?

Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some mental capacity assessments had been completed and best interests' decisions had been recorded. However, we found that some significant decisions were being made without following legal frameworks. For example, for one person a decision was made regarding how aspects of their behaviour should be managed by implementing certain restrictions on their freedom and choices. Their care plan stated this has been agreed with their husband. The husband did not hold a lasting power of attorney for Health and welfare, therefore, a mental capacity assessment should have been undertaken and a best interests consultation facilitated by the provider.

- Wording in some records of care plans suggested that restrictions to people's movements were not always being used as a last resort. Some behaviour care plans were written in a way that suggested restraint may be being used. This may have been appropriate; however, we were not fully assured that legal frameworks were being followed.

Failure to follow legal frameworks of the MCA is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

- Relatives felt staff had a good understanding of the MCA. One relative told us, "I believe that Forest Edge

do take my mother's mental capacity into account; she has not found it easy going into long-term care and the staff have taken time to carefully and sympathetically explain things and provide reassurances that have, at times, been extremely necessary. She is included in decision making on a daily basis". Another relative said, "Always, to the point of discussing several times to make sure my relative fully understands what is going on and when". Another relative told us, "Mental capacity is discussed on admission and assessed on a regular basis by the staff my mum has deteriorated a lot since she was admitted there and has been formally assessed yearly".

- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority.

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

- When people moved to the service, they and their families, where appropriate, were involved in assessing, and agreeing the care and support they required. The assessment covered people's physical, mental health and social needs.
- Support plans were in place for people's oral care in line with best practice guidance.

Staff support: induction, training, skills and experience

- Relatives felt that staff had the necessary knowledge and skills. One relative told us, "Of the staff I have had dealings with I have found them to be helpful, polite and caring and most certainly to have an understanding and training to undertake their roles". Another relative said, "Training sessions are held for yearly updates and there are a few staff undertaking NVQ (National Vocational Qualifications)".
- Staff were provided with E-learning and during the COVID-19 pandemic face to face training had not been offered. Staff completed on line infection control training, but records showed no extra training had been put in place to develop their understanding of specific risks relating to COVID-19. For example, staff did not have training on hand washing and how to put on and take off PPE correctly.
- Staff felt supported and told us they were supported by management and felt well informed by regular updates. One staff member told us, "Things have changed a lot. We haven't really had training, but I'd say we're very well informed, we get lots of messages, every time there was a change [staff member's name] would send us a message so although it's not training, I'd say we're well informed". Another staff member said, "We do online courses and there was one for infection control. I think it's renewed yearly. I think it's good".
- The induction programme for new staff included opportunities to shadow experienced staff while they got to know people's routines and care requirements. One staff member told us, "Yes, I had two weeks of shadowing, it was very good although I've been working in care a long time, so it was more just to settle in to the place". Another staff member said, "I've always worked in care, but I shadowed, I got told you shadow until you feel comfortable".
- Staff received supportive supervision. One staff member told us, "Supervisions one due this week think every three months. Definitely feel listened and supported".

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

- Care plans detailed the support people required from staff to eat and drink and we observed staff assisting people to eat appropriately. However, we were concerned that staff had adapted one person's diet without seeking specialist advice regarding this. The person's care plan had not been updated to reflect the approach staff were taking. We have asked the registered manager to review this with relevant professionals.
- During the meal time we observed people were sat in their easy chairs with a table in front to eat their meal from. One relative told us, "I would like to see them sit up at table for meals and have suggested this but had not been actioned".

- We spoke with staff who were aware of people's dietary needs. One staff member told us, "We attend the handover every morning and if anyone's ill, not eating, it's at the start of every shift a short handover so we hear that, I think it's good. If there's a new resident we get a full handover of their dietary needs or what they like so we can know all that".
- If people wanted something that wasn't on the menu staff tried to accommodate their needs. One staff member told us, "The registered manager was definitely supportive of everything I've asked for. For example, he does an online shop twice a week which is great but if someone wants something, like if they said they fancied a particular fruit or something like that then I just drop him a note and he adds it to the next order. Or like if someone isn't eating, he's really supportive. Last week a lady said, 'all I want is some tinned peaches' but we didn't have any and the shop is on a Tuesday and a Friday, so he just popped up to the local shop and got her some".

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

- Relatives felt their family members were supported to maintain their health. One relative told us, "We have had issues with getting my relative some access to some medical care, but the staff at the care home worked tirelessly to get the help from the medical professionals that he needed". Another relative said, "A recent incident which required my mother to attend A&E in the early hours of the morning demonstrated how the staff knew exactly what was required and what their responsibilities were, keeping me informed until my mother's return to Forest Edge".
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.

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

- The premises were an older style building, which made for a homely environment. One relative told us, "I think that Forest Edge has a very friendly atmosphere and a homely environment whilst at the same time being kept very clean."
- Some signage was available to support people living with dementia to recognise and access lounges and toilets, for example, but there was scope to develop this further in line with recognised best practice.
- The home was worn in places but at the time of our inspection it was going through a redecoration programme with new flooring and painting throughout the home.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- As described elsewhere in this report, we were not assured that the registered manager had taken all of the necessary steps to keep people safe during the pandemic by ensuring that systems were in place to follow relevant government guidance.
- The last infection control audit to be undertaken by the registered manager was in February 2020. This had not been repeated, despite the onset of the pandemic to assure themselves that they had all of the correct procedures and systems in place to protect people and staff.
- Other audits viewed were not sufficiently robust. It was not clear how they were being used to measure, or improve, the quality of the service provided.
- Before the inspection we received feedback from the local authority and the local Clinical Commissioning Group that they were concerned that the registered manager was not engaging with them. For example, the registered manager had been offered resources and support to improve the quality of care for people but had not accepted this support which had been offered to help achieve good outcomes for people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the quality and safety of the service was assessed and monitored effectively. The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

- Relatives we spoke with were happy with the management at the service. "I have always been greeted and made to feel welcome when I have visited or spoken to the manager and I have been encouraged to express thoughts or views in respect of my mother's care and wellbeing. When feedback has been provided it has been acted upon and monitored by the manager". Another relative said, "[registered managers name] has been fantastic at getting [people's names] settled and has gone the extra mile to get them moved in a short moment's notice".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Most of the feedback was positive about the service provided. One relative told us, "I have little experience of other care homes, but it would appear to be well run from my perspective. They're very accommodating

at arranging (socially distanced) visits right now, which gives me the impression they care about the residents and their family, there isn't anything I'm not happy with". Another relative said, "I know it's a bit cheesy, but they care for the elderly incredibly well, with compassion and a lot of laughs along the way. I am fully confident that my relative is in safe hands and enjoys being there".

- Whilst the feedback from relatives was positive, we had concerns that there had been a lack of action taken to ensure that since the onset of the pandemic, that people had continued to have access to a meaningful programme of activities. However, we noticed no activities had taken place. One relative told us, "Whilst I am aware that Forest Edge usually runs a programme of activities this has not been possible throughout lockdown and to date has not been restarted. My mother is therefore lacking in stimulation and this is having an effect on her general wellbeing and whilst to some extent being out of the control of Forest Edge, I wish that there was something more that the staff could do to keep residents occupied and boost morale".
- During the inspection we observed the latest inspection report was not displayed in the home or on the provider's website in line with Regulations. We spoke with the registered manager who informed us it was an oversight and updated the report on line and in the home the same day.
- The registered manager notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The registered manager understood that if something went wrong, they needed to inform involved relevant people or professionals and to be open and honest about what had happened.

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

- During the COVID-19 pandemic, regular resident and relative meetings had been stopped to keep people safe, but there was evidence that the registered manager had sought feedback on the quality of the service through the use of surveys. The latest surveys returned were mostly positive and all the relatives asked said they would recommend the home.
- Some relatives felt communication could be improved. For example, one relative told us they would have appreciate more frequent updates on their family members wellbeing, particularly as they were unable to visit as regularly. We asked the registered manager to see some examples of communications with relatives, but these all dated back to 2019.
- Another relative raised concerns about not being told about a fall promptly or about a decline in their family members health which resulted in an admission to hospital.
- Staff felt supported and expressed no concerns about the leadership of the home. Prior to the COVID pandemic, staff meetings had been held monthly but now staff were provided with updates and information by leaflets or documents which they were expected to read.
- Staff feedback had also been sought through a survey, the latest one was sent out in March 2020. Results were mostly positive, but some concerns had been expressed about low morale due to staff sickness. The registered manager informed us that this had now improved.

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 12 HSCA RA Regulations 2014 Safe care and treatment Failure to comply with guidance from the Department of Health about the prevention and control of infections is a breach of Regulation 12. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to follow legal frameworks of the MCA is a breach of Regulation 13. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to ensure the service was effectively managed is a breach of regulation 17. |