

Bamfield Lodge Limited

Bamfield Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bamfield Lodge is a care home providing accommodation, nursing and personal care for up to 60 people. At the time of the inspection there were 53 people living at the home. The home is purpose built with facilities over three floors. The top floor was called Snowdrop and people who lived there required support with dementia. People on the middle floor, Daisy, required nursing care and the residential ground floor, Crocus, facilitated those people with low dependency. We will refer to the names of each floor throughout the report when required.

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

The inspection clearly identified a disparity of experiences and views dependent on which floor you lived, visited or worked. This meant we received mixed feedback across the whole home. Despite the negative feedback from people, visitors and staff they also provided a balanced, positive overview. Although improvements were required it was considered a nice place to live, visit and work.

We could not be satisfied staffing levels would keep people safe from harm. After our inspection activity was completed we fed back our concerns to the regional director and registered manager. They provided us with assurances about what immediate action they had taken since the inspection visit. This included, re-assessing the dependency levels of care and support required for people who lived on Daisy. The registered manager had been working shifts as a member of the care team on Daisy. This was to support staff and gain a greater understanding about the pressures and concerns that had been shared and how they could be resolved. This would further help ensure people were protected from potential risks to their health and welfare.

Medicines were managed safely, and records were up to date. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. People were protected from the risk of cross infection and appropriate guidance was followed.

The service was effective in meeting people's needs. Staff received supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People told us they enjoyed the food and their choices were respected. People were supported with choice, preferences and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice.

The service was not always well led. Improvements were required to ensure the providers process to determine staffing levels was effective. This would help ensure people received care that was safe, of a good quality and person centred. We received mixed feedback from staff about whether they felt supported and listened to by the provider and the management team.

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. (5 October 2020)

Why we inspected

The inspection was prompted due to consistent concerns we received about staffing levels in the home. In addition, there were common themes about how this had an impact on the care people received including the safety and quality. A decision was made for us to inspect and examine those areas of risk.

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 safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this report. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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 the service response in ensuring safe levels of staffing and managing risks. This meant that improvements were required to ensure quality monitoring and management and that provider oversight was more effective.

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 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 effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

Bamfield Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Bamfield Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 November 2021 and ended on 11 November 2021.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was 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 took this into account when we inspected the service and made the judgements in this report.

We spoke with two out of the four people who had contacted us with their concerns.

We use this information to plan our inspection.

During the inspection

The inspection visit to the home was facilitated by the, area director, registered manager, clinical development nurse and deputy. During our brief tour of the premises we observed interaction between care staff and people living in the home. We introduced ourselves and spoke with them briefly about their day and how they were feeling. We also spoke with six staff and two relatives. We looked at records relating to care, staff, health and safety and medicine management. This included six people's care plans and eight recruitment records.

After the inspection

The second day of our inspection consisted of a video call meeting with the area director and registered manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including risk assessments and quality monitoring and assurance documents. We continued to seek clarification from the provider to validate evidence found.

The registered manager contacted, everyone living in the home, their relatives and all staff to inform them about our inspection and gave them the opportunity to share their experience of the service. We received 92 responses in total. This included, 42 from people and their relatives, 27 staff and 23 from whom we could not identify. These comments have been referred to throughout the report.

At the end of the inspection activity we fed back to the area director and registered manager about our findings and they told us the actions they had taken following day one and two 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 the last inspection this key question was rated as good. At this inspection this key question has now 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.

Staffing

- We could not be satisfied people were always cared for by enough staff and there was a potential risk for people to come to harm. The current staffing levels, competency, skill mix and how each shift was led required review.
- Staffing did not take into account unforeseen circumstances or emergencies. Consideration had not been given should people become acutely unwell or if there was a sudden decline in people's physical or mental health. Staff told us they felt stretched and focused on completing tasks rather than on person-centred care and support.
- Evidence supported this was a particular concern on Daisy, where dependency levels for people were high. We received consistent feed back from people and their relatives about their concerns. Comments included, "Most days there are only three staff, the bells are ringing constantly, and staff are run ragged", "There are not enough staff to give the level of care residents need and deserve", "Staffing levels must have been reduced because there is not enough of them", "Staff are friendly and helpful but staffing levels are low on the nursing floor" and "The staff answer my call bell but I am asked to wait for assistance because they are caring for others. I am told this most days".
- There was a consistent message from staff about concerns with staffing levels on Daisy. Frustrations were centred around where care needs were compromised and how this posed potential risks to people they cared for. Comments included, "The home is lovely and very caring, but Daisy needs more staff", "Even though staffing is determined by a tool I don't think it is reliable, people's needs change hourly", "It's an accident waiting to happen", "Management are aware of the issues and of the consequences of being understaffed, they have yet to act on this major issue", "When I leave my shift I often feel deflated and almost as if I've failed the residents" and "I know I am doing all I can to make their daily lives as comfortable as possible but without the staff it isn't good enough".
- In addition, we received comments about the whole home during night shifts. People and staff told us, "At night time I cannot give the care residents need due to staffing levels", "There is not enough night staff. They are struggling to get all the work done and it leaves more work for the day staff which impacts on their shift" and "In the morning I am told by the night staff that I have to wait for the day staff to have a wash and get dressed. This is because they are either short staffed or they are caring for people that require two of them and there are no other staff available".
- On occasions unexpected staff absence had meant staffing levels were not adequate on Snowdrop and Crocus. Some people living in Snowdrop had behaviours that could be challenging and at times they became distressed and anxious, others were at risk of falls. Reduced staffing on Crocus had meant that

people were not always supervised and supported at certain times of the day. One person living in Crocus told us, "Sometimes it is noisy with call bells during the day. There are times when there are staff shortages".

- The provider used a tool to determine staffing levels, however given the evidence throughout the inspection we could not be satisfied of its effectiveness. These tools should not be used in their entirety and consideration must be given based on the views and experiences of everyone that used the service. The providers agreed staffing levels and the added pressures of staff sickness and permanent staff vacancies compromised people's safety and the quality of care they received.

- It was acknowledged that recruitment was a national problem in adult social care and there were vacant posts. The registered manager had recently recruited three new members of staff and they were waiting for relevant employment checks and references before they could commence. In addition, we were assured that when staff were absent at short notice the registered manager had made every effort to find a replacement staff member.

People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People's records provided staff with information about risks to people and the action staff should take to reduce these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking.

- We received concerns from staff about people who lived on Daisy and their inability in maintaining safe practice when there were not enough staff on duty. We were provided with examples where care plans and risk assessments were not always followed. This included, personal care and continence needs, moving and handling and position changes and maintaining adequate food and fluid intake.

- Comments from staff included, "Residents are reliant on us and when there aren't enough of us they have to wait to be assisted to the toilet or stay in an uncomfortable position due to a lack of staff", "I have known a carer to be on their own on the nursing floor with a nurse. They were told to keep everyone in bed and to give breakfast in bed as there wasn't a safe way of getting them out of bed using a hoist. Which meant repositions couldn't be done" and "Mealtimes have become a sprint to get through before we need to provide, continence care and position changes". At the time of the inspection no one had been assessed or diagnosed with a pressure sore however if the above practice continued there was a potential for skin integrity to be compromised.

- Staff on Daisy were concerned about some people not having enough fluids when they were assessed as being at risk. One relative told us their relative required assistance to maintain food and fluid intake, and that when they visited they found food and drinks untouched in their room.

- Four people were on fluid intake monitoring charts because they had been identified as being at risk. We looked at the fluid charts completed for these four people over a 14-day period. Some improvements were required because the charts were not consistently completed at the end of a 24-hour period. There were some gaps where fluids had not been recorded. This meant there was a risk that staff would not be aware if people had not drunk enough over a 24-hour period and whether any enhanced care and monitoring was required.

Improvements were required to ensure risks were assessed and monitored to prevent people from receiving unsafe care and treatment and prevent avoidable harm or 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.

- Some people required equipment to help keep them safe. The service ensured people were assessed so

that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

- During our visit we saw one person was sat in a specialised, airflow nursing chair. The airflow setting was at 70-90 kilograms. This setting was too high because the person using the chair only weighed 31.1 kilograms. We brought this to the attention of the nurse in charge and the clinical development lead, so that they could check other airflow settings for individuals. We did see that staff were signing to say they had checked airflow settings for people's beds but not their chairs. This was rectified by the end of our visit and we were told this would be fed back to staff in handovers.

Systems and processes to safeguard people from the risk of abuse

- Despite the concerns around staffing levels there were positive comments where people felt cared for and safe, this included the practices in place during the pandemic. Comments included, "Covid restrictions and visiting have been dealt with stringently", "I feel very safe and I know that staff are here for me", "I feel very safe and know I can ask for help when I need it", "I am taken care of well and I feel safe here" and "I feel safe here and I am sure that staff can meet my needs whenever I am in need of help".

- Staff understood what constituted abuse. However, improvements were required to ensure they followed the providers policy and procedure when raising concerns. The provider had clear guidance for staff on the processes to follow, the line of accountability, who to report to and what to do if they were not satisfied with action that had been taken. Staff did not always follow the providers whistleblowing policies. Not all staff were clear about how to raise concerns or were wary of doing so, others said they did not feel listened to. This was discussed in feedback with the registered manager and director during our visit. Actions were in place to re-visit the policies and procedures with staff to help support them to feel confident and competent when raising concerns to safeguard people in their care. This was to be addressed in one to one supervisions and staff meetings.

- The registered manager understood their responsibilities to raise safeguarding concerns about an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Recruitment

- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks were completed, and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Using medicines safely

- Medicines were managed safely by staff who had received suitable training. They were administered by a nurse on Daisy and senior care staff on Crocus and Snowdrop.

- Staff followed policies and procedures for the safe handling, storage, administration and disposal of medicines.

- We observed staff administering medicines to people in line with their medicine's records. Staff stayed with people whilst they took their medicines at their own pace. After each medicine round staff checked back through administration charts to check all medicines had been given.

- Medicine audits were completed monthly. If they identified any improvements were required, this was communicated to staff.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents and incidents. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken. We saw body maps had been completed where there had been an injury for example a bruise or skin tear so that these could be monitored for healing purposes.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.

Preventing and controlling infection

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to our inspection concerns had been raised about the food and its quality. We asked people and relatives to provide us with feedback about the food served in the home. They told us, "The food is good because we get choices", "The food is good quality and varied", "The food always looks and smells delicious", "I see the food offerings. It looks good and is well presented. Mealtimes are relatively well protected", "I like the food it is very good. I get a good choice of food and get snacks in between meals if I want them", "I don't really like the food much, but I can choose things that are not on the menu. I still have a good appetite" and "I think the food here is fantastic. Every day since I came here it's been fantastic".
- Improvements were being made to ensure both chefs took an active part in ensuring people enjoyed their food and to speak with them individually each day. We saw that people were able to share their views about the food in 'residents' meetings and had effected changes and made requests with regards to the menus.
- When people were at risk of weight loss, staff had guidelines to assist with developing a care plan and identifying any action required.
- People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.
- People who lived in Snowdrop and Crocus had either gained weight or sustained their weight. There were four people on Daisy who were being monitored due to a small weight loss.

Staff support: induction, training, skills and experience

- Supervisions were provided on an individual basis and in groups such as staff meetings and these were formally recorded.
- Effective teamwork was evident amongst staff and comments from them indicated they worked cohesively and supported each other daily. They told us, "We are always there to help each other out if we can", "The home uses a whole home approach", "All staff work as a team. They are friendly and helpful" and "The team work so hard in providing care for the residents. The team really come together if they are short staffed and all work hard together to show their commitment".
- Staff received training and updates when required. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively.
- Training and development opportunities were tailored to individual staff requirements. Staff were encouraged and supported to increase their skills and gain professional qualifications. Some staff had been trained as 'care practitioners' and this had afforded them additional skills to support the nurses and provide an effective service to people. This included, taking people's blood pressure, pulse and temperature,

venepuncture (taking blood samples) and basic wound care.

- Staff were encouraged to become champions in the home and take lead role responsibilities. This meant they were equipped with additional knowledge and skills to support staff with care delivery. Lead roles included, dementia, moving and handling and end of life.

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

- The registered manager completed assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered supported the service and prospective 'resident' to decide whether the service was suitable, and their needs could be met.

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

- Staff ensured everyone had prompt access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

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

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support. Daily routines were flexible and centred around personal choices and preferences.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

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

- The provider had a refurbishment and redecoration plan in place for the whole home. Unfortunately, the pandemic had restricted progress, but improvements were now underway.
- The home was well equipped, comfortable, homely and clean. Bedrooms were personalised with ornaments, pictures, soft furnishings and photographs. People told us, "My room is always clean and tidy", "The room I live in is very well maintained and kept clean. They work hard every day", "The home always

appears clean and smells fresh", "My relative has all her home comforts, making it as homely as possible. The maintenance person is brilliant, always there to lend a hand, sorting out the television and putting up pictures".

- The home was purpose built and adapted and designed to promote independence and safety. There were grab rails and handrails around the home and a lift to assist people to access all areas of the home, including the garden. The home had its own hair dressing salon which had been adapted to suit people's needs.

- The home would benefit from additional signage particularly on Snowdrop to help those people with dementia. The registered manager told us these had been ordered. The named floors also required signage so that people and visitors could find where they needed to go, particularly in the event of an emergency.

- The communal lounge and dining area were dual purpose and small for the number of people living on Snowdrop. There were not enough dining tables and chairs for everyone to be seated. The area director told us they had been considering ways in which they could extend the room, or utilise another room on Snowdrop so that people had an alternative space to use.

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 changed to requires improvement.

This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- Following the feedback we received we could not be assured that everyone in the home experienced person-centred care where choices and preferences were respected. As mentioned previously in the report this was very much a concern on Daisy where quality of care was compromised.
- Staff shared with us their thoughts about the care people were receiving during those shifts where they felt 'stretched'. They told us, "When we are understaffed personal care is rushed and care is delayed", "We don't have time to sit and talk with people, the care has become task orientated", "On Daisy we start at one end and finish at the other", "We need to improve on the quality of care and to do that we need more time", "Often on shift I feel rushed to fulfil basic care and I feel the residents are neglected because of this" and "With more staff we could give each individual the time and care they need and deserve".

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We could not be satisfied that the systems in place always contributed to effective learning and improvement of the service. Staff told us they had raised concerns, but they didn't always feel listened to. We received mixed feedback about how 'management' supported their staff. This included the provider and their managers in senior positions.
- Comments included, "Our new manager is a fantastic support. I really feel we are moving forward", "Repeated sickness has not helped the management oversight", "The current manager has only been in this home for a few months. She is approachable, my only comment would be that I don't see her on the floors very often", "I don't feel Barchester listen to us and one of the managers is rude and abrupt", "The manager has not been here very long so I don't feel confident to talk to them yet" and "We still have work to do, but I am confident that with our new leadership, we are going to achieve all our goals".
- We were mindful the pandemic had been difficult for everyone who worked in an adult care setting. All staff who contacted us were professional throughout, many were clearly tired, yet remained committed to the people they cared for and each other. One staff member told us, "I feel that the team are really passionate about providing the very best possible care. We have coped really well during a really difficult time". Morale for some staff was low. One staff member told us they were considering leaving their caring role and 'they didn't like going home with negative emotions from a role that should be rewarding'.

The provider had failed to ensure consistency so that people received quality person centred care, promote learning and improving service delivery and promote an open and fair culture. These were breaches of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the need for improvements identified above we did receive some positive comments from people and relatives about the staff and the care they received. Comments included, "The staff are really caring, and they work really hard. They deserve more credit", "All in all, a lovely care home for my relative and I am pleased that she is there enjoying her life to her best ability", "My relative is very happy here", "The staff are friendly and we can have a laugh together", "They meet my care needs and treat me with respect" and "I've always found them to be good".
- There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, clinical review meetings, heads of department meetings and written daily records.
- Other methods of communication included planned 'resident', relative and staff meetings. One person told us, "There is a residents meeting so I can always ask questions". One staff member told us, "I feel supported as an employee and my ideas are listened to and considered. We have regular meetings and our views are valued".
- The registered manager told us, "Since starting at Bamfield Lodge I have been able to have two residents and relative meetings which I will continue to focus on as these have been greatly missed during lockdown. These will also help improve communication and build strong and supportive relationships".
- We saw evidence where people had influenced positive change in the 'You said, we did' posters and the minutes of meetings held. This included, menu changes, new cutlery, planned events and decorating their rooms.

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

- The registered manager had been in post since August 2021. They were three months into the providers six-month induction. In addition they were making every effort to familiarise themselves with people who lived in the home, their families and staff, whilst trying to support the smooth running and management of the service.
- The registered manager shared with us about their journey since joining the home and told us, "My journey over the last three months so far has been an exciting one. I am enjoying getting to know the residents and the team and working together to move the home forward. I have been actively recruiting new staff to build my team. This has had some challenges, but I have now managed to grow our team of carers and housekeepers. I will continue to focus on our staffing levels to ensure the residents are receiving the very best care".
- The registered manager, deputy and nurses knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- The service continued to consider the Key Lines of Enquiry (KLOE) which CQC inspect against.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent recurrence and improve quality.
- Audits and quality monitoring played an integral part of improving the service quality provision. Action plans were developed with any improvements and changes that were required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when we discussed how lessons could be learned and improvements in service provision could be improved. Some comments from staff indicated that relationships built on trust and confidence were in their infancy given the short time she had been appointed. Their office was based in the main part of the building with an open-door policy so that people, family and staff could discuss concerns at any time.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC. The registered manager told us, "I have met with our GP and Practice Manager and we have agreed to hold bi monthly meetings which will be a great partnership and in turn achieve the best outcomes for our residents".
- The service linked up with local provider and care home forums.

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 Improvements were required to ensure risks were assessed and monitored to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Regulation 12 (2) (a-b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure consistency so that people received quality person centred care, promote learning and improving service delivery and promote an open and fair culture. Regulation 17 (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Regulation 18 (1)