Mr T & Mrs S Kandiah

Remyck House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Remyck House is a residential care home, which can accommodate up to 29 people. The service supports older people who may have a diagnosis of dementia. At the time of our inspection there were 21 residents living at the service.

The service has been extended and adapted. It has 2 floors, with a lift to access the upper floor. There is a communal lounge and a dining room. All bedrooms have a wash basin and some also have an ensuite toilet and shower. There is a paved, secure outside area.

People's experience of using this service and what we found
People had not been kept safe from the risk of harm from other people. The registered manager had taken action to prevent the risk of repetition but there was an ongoing risk, whilst alternative accommodation was arranged for 1 person. Staff had not ensured people were always provided with safe care and people were at risk from unsafe aspects of the environment. People's medicines were not always managed safely. People were not always protected from the risk of acquiring an infection. There were not sufficient skilled staff deployed at all times. Staff had not been required to complete all of the necessary pre-employment checks.

Staff had not all received sufficient training for their role or supervision of their work. The decoration of the home was not dementia friendly. People's modified dietary needs were not always documented. It was not always clear the activities provided were sufficiently personalised.

We have made a recommendation about how people's well-being is supported.

There was a lack of robust processes to monitor and audit the service, in order to identify emerging risks or areas for improvement. Staff liked working at the service, but the culture was not totally person centred or consistently achieving good outcomes for people. Some attempts had been made to seek people and relative's feedback.

People told us overall they liked the service, but some aspects could be improved. People's feedback included, "What's missing here is strong team management," "Staff, well some are excellent and I'd say, others are supportive" and "The staff do their job and help you when necessary and are considerate."

Staff documented incidents and these were then reviewed to identify any actions required for the individual's safety. People received sufficient food and drink for their needs. Staff worked together and with external professionals to ensure people's healthcare needs were met. Staff had good working relationships with professionals.

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

this practice.

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 12 March 2019).

Why we inspected
We undertook a targeted inspection to follow up on specific concerns we had received about the service. The inspection was prompted in part due to concerns received about safeguarding, staffing and admissions. A decision was made for us to inspect and examine those risks.

We inspected and found there were also concerns with people's safety, the environment, medicines, governance and infection control so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Remyck House on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to safe care, safeguarding, premises, medicines, infection control and 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 safe. Details are in our safe findings below.	**Inadequate**
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**

Remyck House

Detailed findings

Background to this inspection

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

Inspection team
The inspection was completed by an inspector and an Expert by Experience on the first day and an inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Remyck House 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. Remyck House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 7 people, a visitor, 2 visiting health care professionals, 6 staff and the registered manager. We reviewed 4 people's care records and people's medicines records. We reviewed records relating to medicines management and the management of the service.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Safeguarding systems and processes were not operated effectively to protect people from the risk of harm from other people. People had experienced physical and verbal abuse from others. Two people had recently left the service, which removed their risk to others.

● One other person remained, whilst alternative accommodation was arranged for them. Staff had recorded 12 incidents of them experiencing 'agitated' or 'challenging behaviour' since December 2022. Their behaviour plan assessed them as 'very likely' to become angry and intimidating. Their emotional reactions were a potential risk to others, whilst they remained at the home.

● Four people spoken with reported they did not feel safe living in the home. A person said, "I'm a little bit careful who I sit with as they [other people] periodically throw things."

● Two staff had not received safeguarding training and 3 staff did not have a date of when they had completed this training. Staff were not required to update their safeguarding training as frequently as recommended by good practice guidance. Not all staff had signed to confirm they had read the provider's safeguarding policy.

The failure to protect people from the risk of abuse was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the site visit, the registered manager told us the process of moving the person who needed alternative accommodation had begun.

● The registered manager and staff understood what to report and how and ensured relevant authorities were notified of safeguarding incidents. The registered manager completed any required investigations and ensured the outcomes from investigations were shared with staff.

Assessing risk, safety monitoring and management

● There was a risk to people from the presence of legionella, a water borne bacteria. The actions taken to mitigate this risk had not been effective. The legionella risk assessment had not been updated since 2016, it should be updated if legionella bacteria are found during water testing. Staff had last updated their legionella training in 2016, therefore their knowledge may not have been up to date.

● The registered manager told us there were 2 bathrooms, 1 of which was out of use due to the presence of legionella and a shower room. Ten people therefore had to use the remaining bathroom and shower room.

● The premises had not been regularly maintained. We saw several areas of ripped or torn carpets, which were a trip hazard to people. Paintwork throughout the home on the skirting boards, door frames and hand rails were observed to be worn and damaged. In the downstairs cloakroom the underside of the toilet raiser

was rusty. A number of chairs were grubby and stained.

The failure to ensure the premises and equipment were properly maintained was a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the site visit, the registered manager told us action had been taken to arrange for re-testing of the water for the presence of legionella and for staff to update their legionella training. Arrangements were being made to repair the lounge carpet and to consider replacing the carpet in the upstairs corridor in consultation with people.

● The registered manager had ensured equipment safety checks, fire equipment checks, gas and fixed electrical wiring checks had been completed as required.

● People were not adequately protected from the risk of fire. Staff had not all completed fire safety training and there was not a record to show any fire drills had been completed recently at night, as per good practice guidance. Potential fire risks such as the location where a hoist battery was charged and the storage of wheelchairs next to a fire exit had not been identified or addressed. Portable appliance testing (PAT) was last completed over 3 years ago, which is not in accordance with good practice guidance. There was not an up to date list of people in the event of a fire if they needed to be evacuated.
● We saw washing up liquid containers had not been secured upon delivery and were accessible. We also saw the dry food storage cupboard was left unlocked. People were at risk of accessing unsuitable or unsafe products and foods. In the garden there were 2 rusty medicine cabinets, an upholstered chair and pressure relief cushions exposed to the elements. These were both a hazard and an infection control risk.
● A person had a pressure relieving mattress to manage the risk of them developing pressure ulcers. We saw it was awkward for staff to check the unit as it was positioned under their bed. We spoke to staff who checked it and told us it was on the wrong setting for the person's weight before correcting it. We checked the person's care plans which did not provide guidance for staff about the correct mattress setting. Their records showed the mattress had not been checked each day to ensure it was working and set correctly. This left them at risk of developing pressure ulcers.
● The same person's skin care plan said they were to be re-positioned every 2 hours. Records showed staff had not re-positioned them as frequently as required. This left them at risk of developing pressure ulcers. Another person's skin integrity plan said they were to be re-positioned regularly, but not how frequently. This left them at risk of developing pressure ulcers.
● A person had experienced a fall in October 2022 and broke their left arm. Staff had not completed a falls risk assessment, which left them at risk of further falls.

The failure to ensure people were provided with safe care and treatment was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the site visit, the registered manager told us action had been taken in relation to the PAT testing, battery storage, staff's fire training and the fire list. Action had also been taken to ensure mattress safety checks were recorded. The missing falls risk assessment had been completed.

● A range of risks to people were assessed and people had safety equipment in place where required. Staff used protocols to monitor people after a fall. Staff took actions for individuals after they fell, to mitigate the risk to them.

Using medicines safely

● People did not all have protocols in place for medicines they took 'as required,' to guide and inform staff about their use. We saw 3 people were regularly administered medicines which had a sedative effect. Their medicine administration records (MAR's) stated these medicines should be given 'when required' or 'sparingly.' If people required this medicine daily, this should have been discussed with their GP and the administration instructions changed.
● A person's medicines were served with their food. There was a lack of evidence to show a pharmacist had been consulted about whether these medicines were suitable to be administered with food. Another person had a mental capacity act assessment for the decision to administer their medicines covertly. There was no evidence of a pharmacist's input into this decision as per good practice guidance.
● Three people's breakfast bowls were seen lined up on the side, each with a cover with their initials on. Staff told us, the bowls were ready to have people's medicines mixed with them as they had swallowing difficulties. However, leaving the bowls out was not a personalised way to administer their medicines or safe.
● People's medicine records did not always contain the required information. A person's medicines front sheet said they did not have any known drug allergies, but their electronic care plan said they were allergic to penicillin. This risked them being given a medicine to which they were allergic. MAR's for people taking medication such as Levothyroxine which has to be given a certain time before the person eats or drinks, lacked this guidance to inform staff. There was a lack of written guidance for staff about the application of 2 people's topical creams, which risked them being applied incorrectly.
● Two staff administering insulin to people, did not have written evidence of their training and competence to do so. Other staff had not updated this training and competency since 2018, which was not in accordance with good practice guidance. Staff administering medicines did not have their knowledge and competency reviewed as frequently as required by good practice guidance.
● Staff did not always store people's medicines safely. We saw a person's thickener for their drink was not secure. People can choke on thickeners. Staff showed us where people's thickeners were stored, in an unlocked cupboard in the lounge. Staff had not stored medicines awaiting disposal in secure containers as per guidance and upon our arrival, we saw the containers were located in a communal area, as the registered manager was about to complete the records for their return. There was a risk unauthorised people could access these medicines.

The failure to ensure the safe management of medicines was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the site visit, the registered manager told us of the actions they had taken. They were trying to obtain evidence of the 2 staff's previous insulin training and competency. They had liaised with a health care professional in order for them to arrange for all staff to update their insulin training and competency assessment. People's PRN protocols had been completed.

● Staff had access to the provider's medicines policies which were up to date. Staff signed people's MAR's after they administered their medicines. People's medicines were stored at the correct temperature.

Preventing and controlling infection
● A person was observed to have fluid oozing from the skin on their leg. At lunch they sat at a table with another person and were scratching their leg with their fingers or rubbing it with a tissue. A staff member encouraged them to eat after they had been scratching their leg. This was an infection control risk to both the person and others.
● We saw bins for paper towels in the bathrooms lacked a cover, so people could touch the contents. In the downstairs cloakroom, there was a discarded incontinence pad in the bin. The toilet had a sticky floor, with

some wet patches around the base of the toilet. This was an infection risk to people.
● The outside covered area by the front door, was dirty, with mould and dirt on the chairs and cushions. The main lounge carpet was seen to be stained and dirty in places. We saw clumps of dust around the window edges and cobwebs. Although staff were seen cleaning the service, this was not fully effective.

The failure to protect people from the risk of acquiring an infection was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had access to personal protective equipment and the infection control policy was up to date. Cleaning schedules were in place. There was infection control guidance displayed for people and visitors and hand gel was available. People were able to have visitors when and where they wished.

Staffing and recruitment
● There were insufficient staff deployed to meet people's needs. People's feedback included, "Well I think sometimes they could do with a couple more, as when the young ones are off, there needs to be more" and "Well I must admit the afternoons are a bit quieter and I think there needs to be more, as one [staff] has to be pulled away to tend to someone."
● Staff had a lack of time to spend with people, especially those cared for in bed. A person's daily lifestyle plan said staff 'go and chat' 'in free times.' Their activity record for 1 to 7 March 2023 showed staff had chatted with them once on 6 March 2023. Although regular checks were made upon their welfare, there was limited evidence of staff having spent time with them other than to provide their care.
● The activities co-ordinator worked 4 days a week. Care staff who we observed were busy also had to provide social stimulation for people on the remaining 3 days. A person said, "That's the trouble, she [activities co-ordinator] does a lot. I depend on her and if she's not here I go back to my room and put the telly on."
● We saw there was a lack of staff in the lounge at times across the day. Staff could not always observe both lounge areas, depending on where they were positioned. Records showed the highest risk time for people falling was the afternoon, when there was 1 less staff rostered. A person confirmed there were, "Less [staff] than the morning, there's not so many around as they're having their lunch." People in the lounge, at times became irritated with each other. Twice on the first day we heard people speaking negatively to each other, but staff did not notice. A person said to us, "I just keep arguing with people, it's not very nice."
● Although staff had completed dementia and challenging behaviour training, some still lacked the skills and competency to meet the needs of people living with dementia or to safely manage people's emotional reactions. We saw a person returning to their room to change their wet trousers. Their continence care plan stated they needed prompting but they did not like to be told. The plan stated they were to, 'Remain in wet pad' until they agreed to change. The incident log showed on 3 March 2023, they were soaking wet and staff had left them, due to their level of aggression. This person was at risk of being left in wet clothing.
● Another person had a wet trouser leg caused by their leg oozing fluid. They remained in the same trousers until after lunch, as staff had not persuaded them to change them. Some staff lacked the required skills to support people effectively to meet their needs.

The failure to deploy sufficient appropriately skilled staff was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had filled staff vacancies so people had consistency of staff. Senior staff were rostered to lead the staff shifts.

● Staff's required pre-employment checks were not all completed before they started work. The registered

manager had not obtained two staff's full employment history, from the date they finished full-time education, to inform their assessment of their suitability for their role.
● Three staff had not been asked to provide details of any relevant health conditions as required.

The failure to complete all pre-employment checks was a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had provided references for their role, including for those posts where they had previously worked in social care. Right to work checks had been completed.

Learning lessons when things go wrong
● Staff understood their responsibility to raise any concerns. Staff reported any incidents which were then recorded and reviewed, to identify if further actions were required for the individual. Staff told us any learning from incidents was shared.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question 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.

Staff support: induction, training, skills and experience

- Staff had not all completed the provider's training for their role and the provider's requirements for the frequency of refresher training did not always reflect good practice guidance. One staff member had not completed moving and handling training and 3 staff had not updated this training within the past year, as per good practice guidance. Three staff had not completed first aid training. Staff were only required to update their first aid knowledge every 2 years which is not in accordance with good practice guidance. Five staff had not completed health and safety training. Only 7 staff had completed falls awareness training and only 2 staff were trained in pressure ulcer prevention.
- People did not all feel staff were sufficiently well trained for their role. Their feedback included, "Well most of them do, but maybe sometimes it's questionable" and "Not enough, no, not enough training."
- Staff had not all received regular supervision of their work. Some staff only received 1 supervision in 2022 and some did not receive any supervision in 2022. A member of staff who was new to social care and started work at the start of December 2022, had not had any supervision.

The failure to ensure staff had the required knowledge for their role and received regular supervision was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the site visit, the registered manager told us, health and safety training had been booked for staff.

- Staff spoken with told us they felt well supported in their role.

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

- Speech and language therapist (SALT) guidance about people's 'International Dysphagia Diet Standardisation Initiative' (IDDSI) levels was not always documented in the person's care plan. To ensure staff were clear about the exact consistency of food and fluids people required to manage the risk of them choking. A person's care plan reflected their IDDSI fluids guidance but not their requirement for IDDSI level 5 foods. We spoke with a staff member who told us the person required IDDSI level 2 food which was incorrect. We asked them if they had completed IDDSI training and they replied, "years back." There was a lack of evidence to show staff had completed IDDSI training.

The failure to ensure risks associated with choking were managed safely and staff had the required knowledge was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were hoovering the stairs as people ate which made people's lunchtime experience noisy.
● People had a choice of 2 main meals. We observed portions were generous and a lot of food was not eaten. Staff assisted people who required help to eat their lunch. People ate their meal where they wished.

Adapting service, design, decoration to meet people's needs
● The decoration of the service did not reflect good practice guidance for people living with dementia. The corridors were beige and upstairs, there was nothing to differentiate each corridor to assist people living with dementia to orientate themselves. The hand rails on the corridors and in the bathrooms were not of a contrasting colour to assist people. There had been insufficient consideration of the environmental needs of people with dementia when decorating the service.

The failure to ensure the decoration of the premises was suitable for people's needs was a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was signage for people to inform them where different rooms were.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to them moving in and they had a range of care plans. The registered manager had obtained copies of people's Social Services assessments, if applicable, to contribute to the assessment of their needs. The registered manager told us, they were receiving referrals for more complex people than previously and as people were admitted from their home at a later stage of their dementia journey. The change from their familiar environment often resulted in their cognitive functioning deteriorating quicker. People's planned outcomes were identified in their care plans. Staff used recognised tools to assess people's care needs.
● People were provided with opportunities for social stimulation, including an exercise class, a hairdresser and outings. Staff recorded how activities had benefited people. Although staff had tried to find out about people's interests, it was not always clear how the activities provided were tailored to people's individual needs and preferences. To ensure they were meaningful to them as individuals, as per good practice guidance. We observed throughout the day some people were sat unstimulated for extended periods of time. People living with dementia need opportunities for stimulation and activities they can initiate.
● There was a large television in the lounge that was constantly on and 1 person was heard to say to another, "I can't hear anything with this telly on." With staff hoovering and a number of people seated there, it was quite a noisy atmosphere, for people to try and focus when activities were taking place.

We recommend further information is accessed on how best to support the well-being of people living with dementia in care homes.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● Two people were living with diabetes. We reviewed the records for 1 person and saw they had written guidance in place for staff about the management of their diabetes. This had not been reviewed since December 2020, therefore there was a potential risk it may have been out of date. People living with diabetes are at increased risk of health issues with their feet. We saw this person had both chiropody and podiatry appointments to address this risk to them.
● Staff worked both together and with health care professionals to understand and meet people's healthcare needs.
● People were referred to a range of professionals to meet their healthcare needs. Professionals spoken with provided positive feedback about staff's engagement with them. We saw a person was visited by the dentist

during the site visit, to ensure their dental needs were met. Staff also worked with services such as the community mental health team and hospital at home, where people receive input at home for acute conditions. There was a weekly ward round with the GP.

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.

● People accommodated were all living with dementia. They were all either subject to a DoLS authorisation or an application had been made to the relevant authority. People had been assessed as lacking the capacity to consent to their care and treatment and any necessary restrictions and this assessment was documented. Most staff had completed MCA training, but 3 staff had not. Staff spoken to understood the MCA and its application to their role.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The registered manager could use the electronic care planning system to run a range of reports, including incidents reports in order to identify any overarching trends or risks. There was a lack of evidence to show these reports had been run monthly and then reviewed as part of the overarching clinical governance.
- We reviewed falls data over 4 months which showed the highest risk time for people falling was 3pm followed by 4pm, 6 people had fallen in the communal areas. There was a lack of evidence to show this data had been used to identify whether any further actions were required to address the risks associated with these trends. A monthly trends analysis was not completed for the safeguarding alert's raised to determine if there were any underlying factors which could impact people.
- Two people had sustained falls since October 2022 which resulted in a serious injury to them. One person had sustained a serious injury falling from a dining chair without arms. We observed these were still in use at the site visit. Although the risk to the individual had been addressed, there was still a potential risk to others.
- The registered manager knew about many of the risks, but they had either not been addressed or not been addressed effectively. For example, the risks in relation to staff's insulin training, missing PRN protocols, legionella, damaged carpets, cleaning, dining chairs and people congregating in the lounge leading to tensions between them. The registered manager had not identified other risks, such as the lack of personalised stimulation for some people, staffing deployment, the unsuitability of the decor for people living with dementia or the lack of all required pre-employment information for staff.
- There was an annual audit schedule, the registered manager could not demonstrate all the required audits had been completed. Not many aspects of the service were audited and action plans did not show required works had been completed. A falls audit was completed in February 2023. Although it noted, 'carpets in some places are torn,' this was still assessed as 'standard met.' It was also noted, 'all staff completed health and safety training,' 'standard met.' As documented in this report, 5 staff had not completed this training. Staff did not complete all the required audits, nor were they accurate or robust.
- Staff's audits had not identified or addressed all of the issues we identified at this inspection, especially in relation to people's safety. Staff had audited people's medicine stocks for example, but had not identified or addressed issues related to insulin, PRN protocols, medicines storage or medicine records.

The failure to assess, monitor and mitigate potential risks to people or to improve the quality and safety of the service or to operate effective audit systems was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had audited incidents and falls, however, the audits did not review trends with incidents and falls. They had also audited clinical waste and infection control.

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

● People told us management of the service could be improved. One person said, "It lacks some qualities." Another person told us, "I think so, up to a point. The guy called [name of registered manager] is ok, he floats around, I think he should take more time. He'll just say hello. He's ok. There's a lady too who is around and she's good. I mustn't put the poor man down, he's doing his best."

● Although most staff tried to engage with people and were patient and kind. We saw some staff were either busy completing 'tasks,' such as serving tea or they missed opportunities to engage with people. A staff member confirmed, "Once one job is done there is another" and that they missed "Having time to sit and speak with people." At lunchtime, we observed at one point there were not any conversations between staff and people, with staff congregating by the kitchen door and talking to each other. The atmosphere appeared flat and most people sat in silence whilst eating their meal.

● We saw most people were not wearing any socks for their comfort and to protect their feet, 2 people wearing dresses or skirts had bare legs. Staff had not ensured people were supported to wear foot coverings for their comfort, warmth and dignity.

● The registered manager was aware of some of the issues with the culture of the service and told us, "Some staff are no longer interested" and "The stability has been lost." They were aware this had been going on for a period of time, but told us they themselves felt, "behind with everything." They had not yet managed to address these issues although we saw in team meetings for example, staff had been reminded to be patient and not to rush people. The registered manager needed robust support and oversight from the provider and to ensure their senior management team was fully engaged. In order to enable them to re-focus, lead the service forwards and regain stability.

● The registered manager had a willingness to address the issues found and started to take some actions immediately after receiving CQC's feedback.

● Staff spoken with enjoyed their work and liked working with people. Their feedback included, "It's a good place to work" and "I enjoy it here."

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 registered manager understood their responsibilities in relation to the duty of candour and people's relatives were informed of incidents.

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

● We observed people were happy to approach the registered manager feely and speak with them when they wished. The registered manager told us surveys had been sent out to people's relatives in November 2022, but there had only been 2 responses. They said not as many relatives visited at weekends as before the pandemic; although they could visit when they wished. The last relatives meeting had been held in 2020. Staff were able to speak with the registered manager during their shift or at staff meetings.

Working in partnership with others

● Professionals working with service provided positive feedback about both staff and the registered manager's willingness to engage and work with them. They told us staff attended local forums and training and alerted them promptly about any issues.

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 15 HSCA RA Regulations 2014 Premises and equipment The failure to ensure the premises and equipment were properly maintained was a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to assess, monitor and mitigate potential risks to people or to improve the quality and safety of the service or to operate effective audit systems was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to complete all pre-employment checks was a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to deploy sufficient appropriately skilled staff was a breach of Regulation 18(1) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure people were provided with safe care and treatment, to manage medicines safely or to protect people from the risk of acquiring an infection was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The enforcement action we took:

A warning notice was served on both the provider and the registered manager.

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 The failure to protect people from the risk of abuse was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

A warning notice was served on both the provider and the registered manager.